

Name
in
Full

Maason H. Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Heav Lauree</i>		County <i>Price, Geo</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Nov</i>	Day <i>23</i>	Age <i>72</i>	Months <i>11</i>	Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>New York</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Heav Lauree</i>				
Married, Single <i>yes</i>	Name of Wife or Husband <i>Willia J. Allen</i>				
Father's Name <i>Henry G. Allen</i>	Father's Birthplace <i>New York</i>				
Mother's Maiden Name <i>Katherine Fayess</i>	Mother's Birthplace <i>New York</i>				
Name of person giving information <i>Willia J. Allen</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Killed by Bullet</i>	How long <i>10 min</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Rymer</i>
	Address <i>Lauree Md.</i>
Accident or Suicide?	

0/70/11/26

Name
in
Full

Sarah F. Baldwin

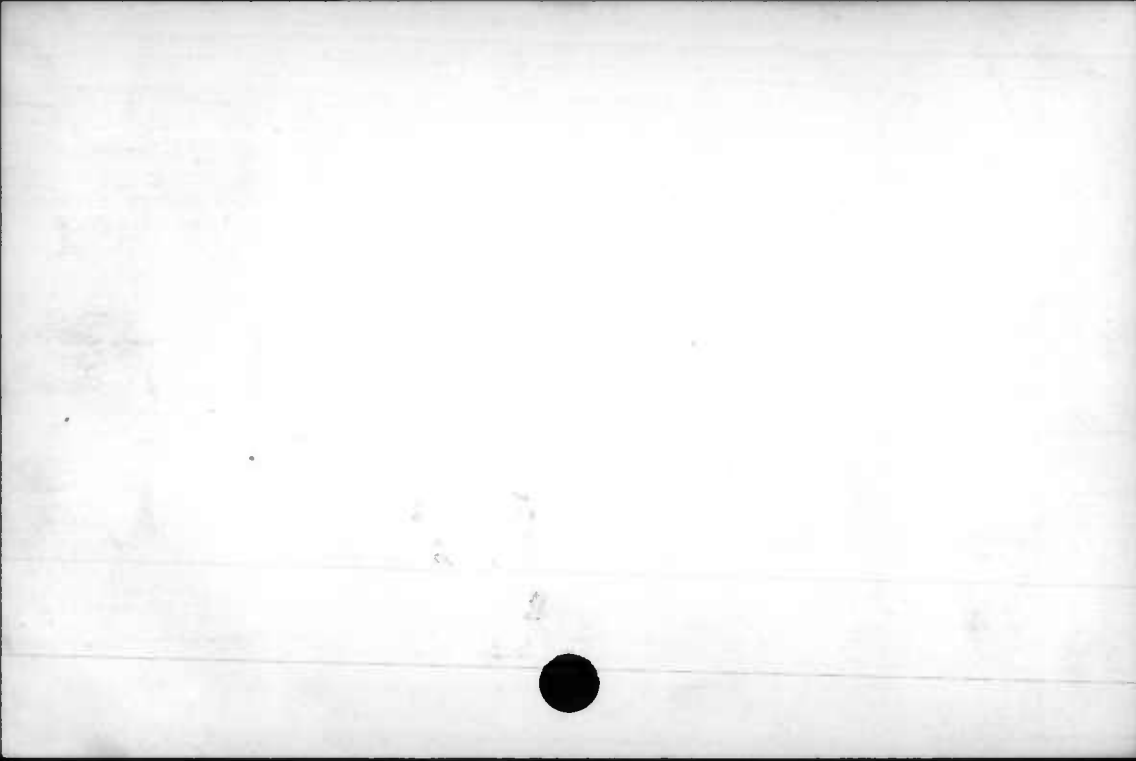
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Laurel		County Prince Geo		MARYLAND	
Date of death		1905	Month Nov	Day 17	Age 68	Months	Days
Sex Female		Color or Race White		Birth-place A. A. Co Md			
Occupation		Where Residing if not at place of death Laurel					
Married Single or Widowed		Name of Wife or Husband					
Father's Name Levi J. Baldwin		Father's Birthplace A A Co Md					
Mother's Maiden Name Anna M. Waters		Mother's Birthplace A A Co Md					
Name of person giving information Magie E. Duval		How related to deceased Sister					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Apoplexy	How long	
	Immediate	"		How long
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician M. Baldwin
	Address		J. P. Acting Coroner	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

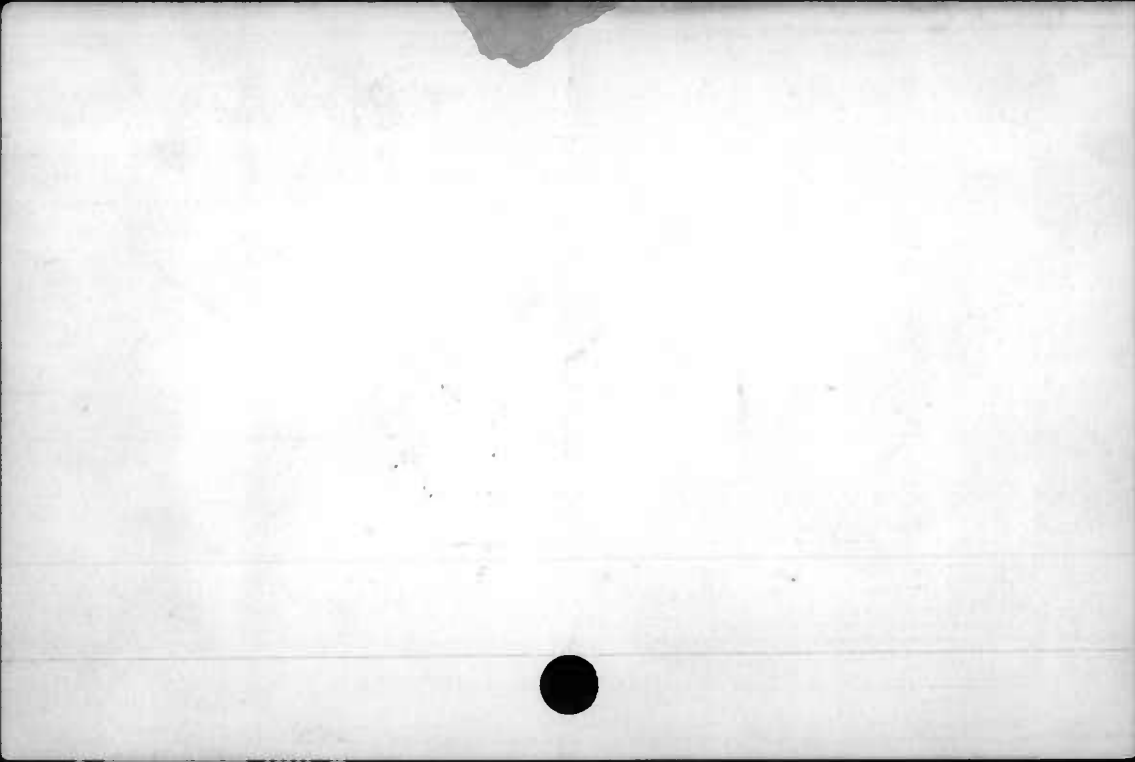
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Henry A Boone</i>		Town <i>Forestville</i>		County <i>P. George</i>		MARYLAND	
Died at <i>Forestville</i>		Month <i>Nov</i>		Day <i>10</i>		Age <i>74</i>	
Date of death <i>1905</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ma</i>			
Occupation <i>Wm</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Jane Boone</i>					
Father's Name <i>Oswald Boone</i>		Father's Birthplace <i>Ma</i>					
Mother's Maiden Name <i>Rebecca Weaver</i>		Mother's Birthplace <i>Ma</i>					
Name of person giving information <i>Albion Boone</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hypertrophy of the heart</i>	How long <i>3 yrs.</i>
Immediate <i>Drop of</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John E. Sausbury</i> <i>Forestville</i> <i>Ma.</i>
Accident or Suicide?	



Name
in
Full

Lawson

Brown

CERTIFICATE OF DEATH

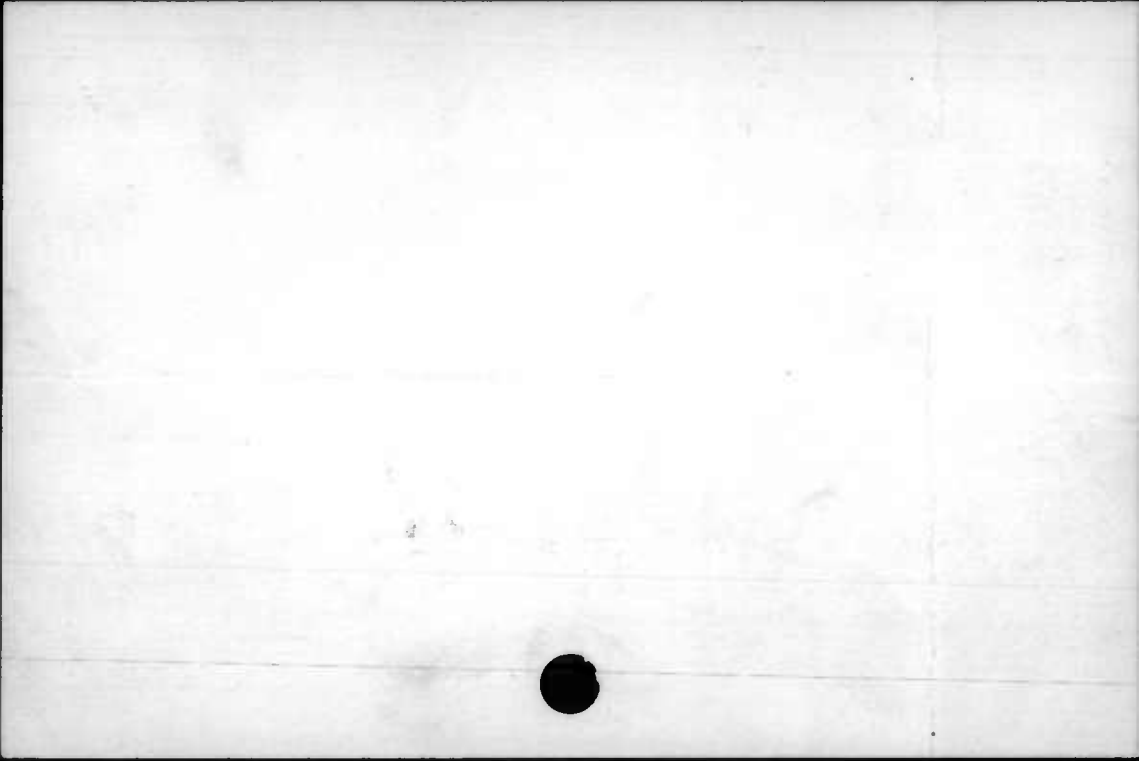
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wissam</i> Town		<i>Prince Georges</i> County		MARYLAND	
Date of death <i>1905 Nov</i> Month		<i>8</i> Day	<i>2</i> Age Years	<i>9</i> Months	<i>-</i> Days
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Washington DC</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Olive A Brown</i>			
Father's Name <i>Wm J. Brown</i>		Father's Birthplace <i>Ma</i>			
Mother's Maiden Name <i>Olive A. Hylic</i>		Mother's Birthplace <i>DC</i>			
Name of person giving information <i>W. J. Brown</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>menstrual cramps</i>	How long <i>4 days</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G A Fox</i>
	Address <i>Beltsville Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

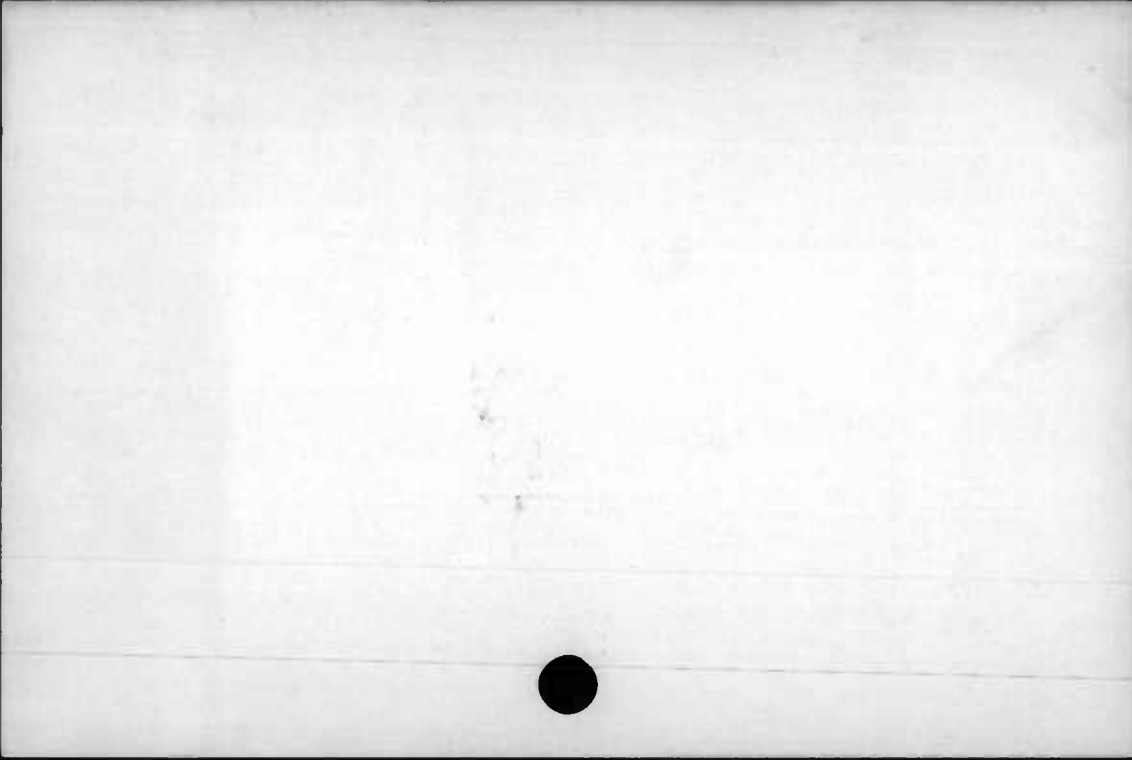
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chapel Hill</i> <small>Town</small>		<i>Pr. Geo.</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i> <small>Month</small>	<i>11</i> <small>Day</small>	<i>20</i> <small>Years</small>	<i>5</i> <small>Months</small>	<i>30</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Md.</i>		
Occupation <i>Farmer</i>	Where Residing If not at place of death				
Married, Single <i>Single</i>	Name of Wife or Husband <i>Isabelle</i>				
Father's Name	_____		Father's Birthplace _____		
Mother's Maiden Name	_____		Mother's Birthplace _____		
Name of person giving information <i>Harriett Williams</i>	How related to deceased <i>Neighbor</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease</i>	How long <i>18 mo's</i>
Immediate	<i>Exhaustion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. P. Simpson M.D.</i>
		Address <i>Rosecroft - Md.</i>
Accident or Suicide? _____		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Judith Frances Cox*

Town *Seat Pleasant* County *P. George*

Died at *Seat Pleasant*

Date of death *1905* Month *Nov.* Day *27* Age *70* Years Months *1* Days *11*

Sex *Female* Color or Race *White* Birth-place *Va.*

Occupation *House-duties* Where Residing if not at place of death *Seat Pleasant*

~~Married, Single~~ or Widowed Name of Wife or Husband

Father's Name *William F. Conn* Father's Birthplace *Va.*

Mother's Maiden Name *Perkins* Mother's Birthplace *Va.*

Name of person giving Information *Pearl Cox* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cerebral Hemorrhage* How long *2 years*

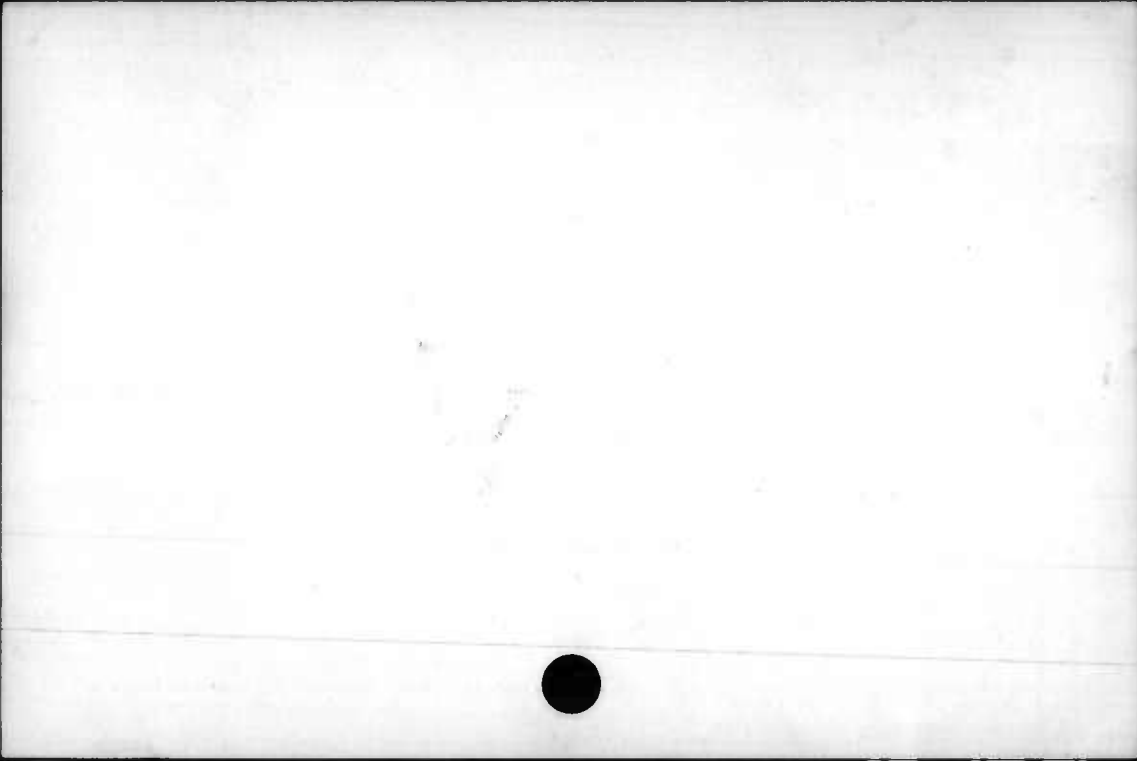
Immediate *Athermia* How long *1 hour*

Are the name, age, sex, color, date and place correctly given above? *yes*

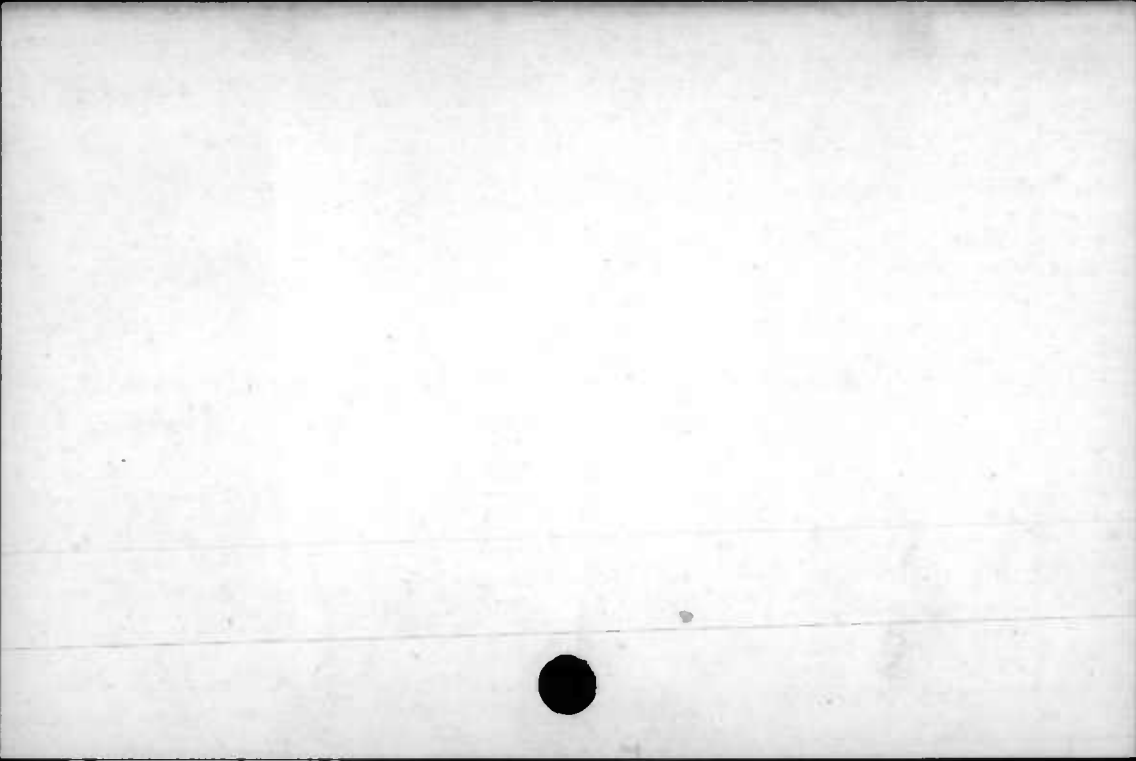
Signature of Physician *L. S. Swasey*

Address *Berming, D. C.*

Accident or Suicide?



Name in Full		Annie Estelle Curtis				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Palmer's Inn		Pr. Geo.		MARYLAND		
		Date of death		1905-	Month	11	Day	4
		Age		4	Years	4	Months	
		Sex		Female		Color or Race		Black
		Birth-place		D. C.				
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Illegitimate				
		Mother's Maiden Name		Mary Rose Curtis				
		Name of person giving information		Mary Curtis				
		How related to deceased		Grandmother				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Meningitis, Chronic		How long		
				Exhaustion		2 years		
		Immediate						
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E. P. Simpson M.D.
		Address		Rosecroft M.D.				
		Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

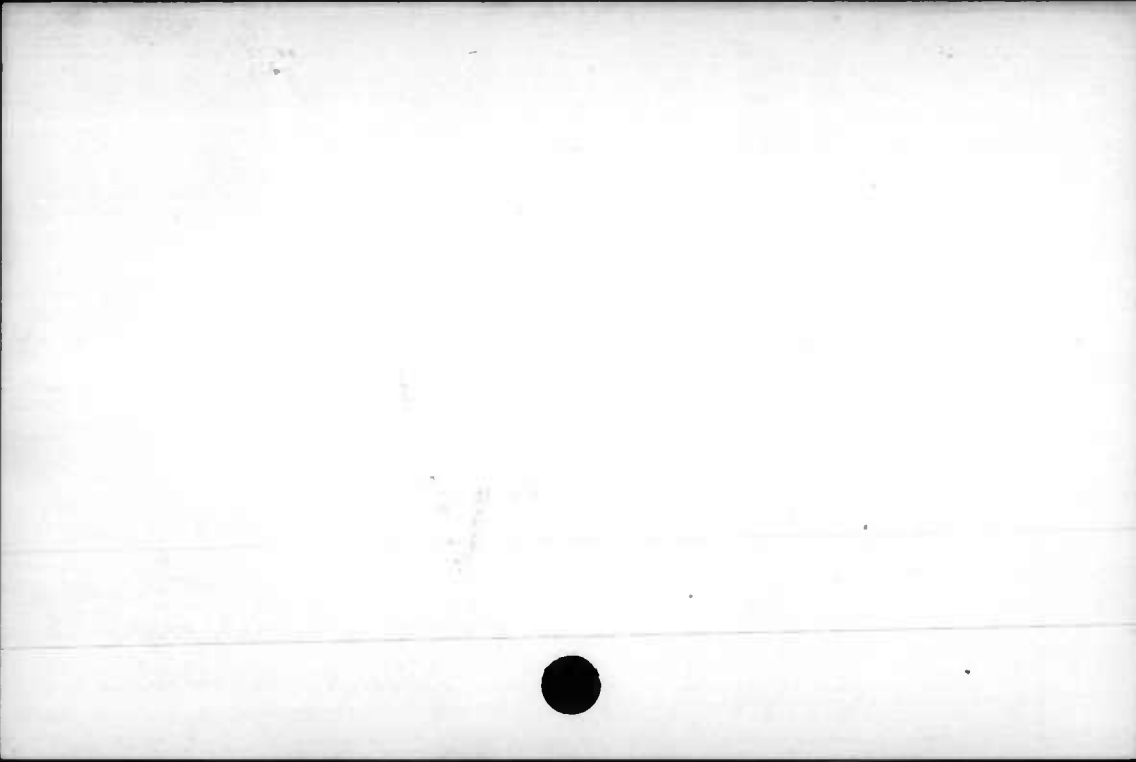
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westphalia</i> Town		<i>W. Va.</i> County		MARYLAND	
Date of death <i>1905</i> Month <i>Nov</i>		Day <i>1</i>		Years <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Months <i>2 mos</i>	
Birthplace <i>Westphalia</i>		Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Arthur Cusig</i>		Father's Birthplace <i>Chas Co. Md</i>			
Mother's Maiden Name <i>Moran</i>		Mother's Birthplace <i>Chas Co "</i>			
Name of person giving information <i>Arthur Cusig</i>		How related to deceased <i>Father</i>			

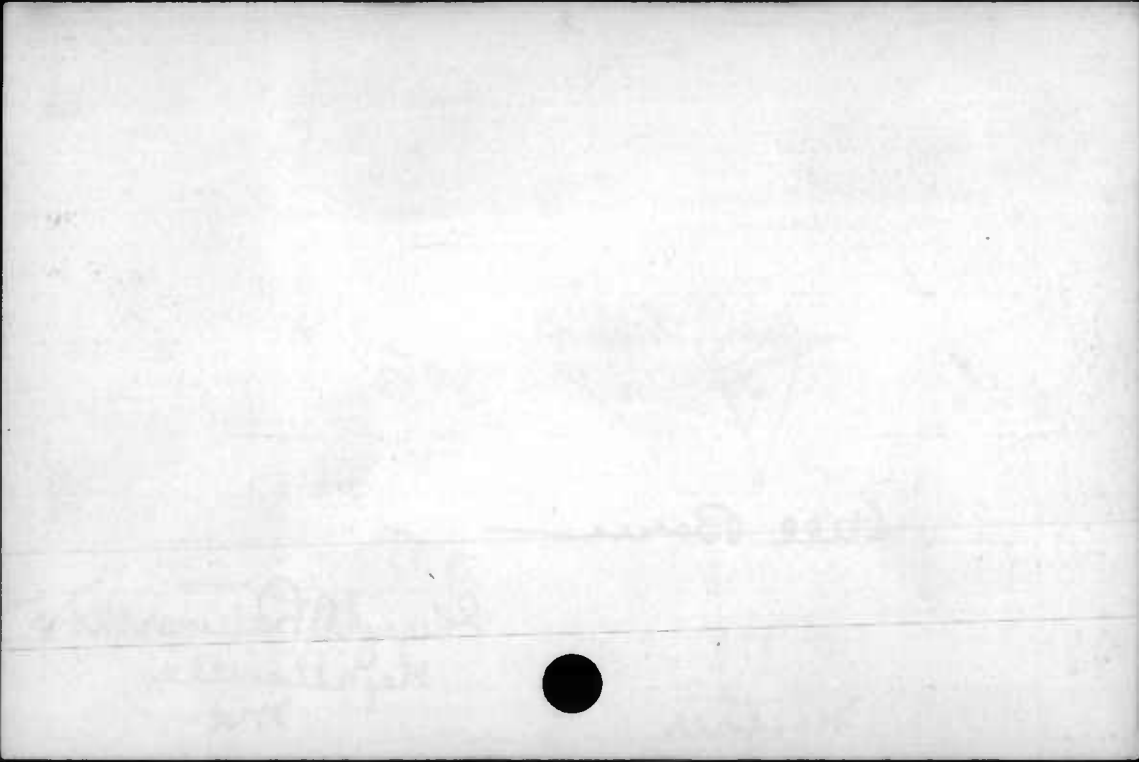
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Don't know</i>	How long <i>Don't know</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. B. Griffith</i>
	Address <i>Upper Marlboro, Md</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Mary A Davis</i>		County <i>Prince Geo.</i>		State <i>MARYLAND</i>
	Town <i>Bladenburg</i>		Years <i>37</i>		Months <i>—</i> Days <i>—</i>
	Date of death <i>1905 Nov 15</i>	Age <i>37</i>			
	Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Ill</i>		
	Occupation <i>Housewife</i>	Where Residing if not at place of death			
	Married, Single or Widowed <i>married</i>	Name of wife or Husband			
FATHER'S NAME	<i>Robt Prenton</i>		Father's Birthplace <i>M.D.</i>		
	Mother's Maiden Name <i>Sarah J Prenton</i>		Mother's Birthplace <i>Ill</i>		
	Name of person giving information <i>Mrs G Davis</i>		How related to deceased <i>Husband</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Tuberculosis</i>		How long <i>unknown</i>		
	Immediate		How long <i>1 wk</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Isney Whatever</i>		
	Address <i>Hypathville Md</i>				
Accident or Suicide? <i>Neither</i>					



Name in Full		Still Born.		Davis M M		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Bladensburg		County Prince Geo.		MARYLAND
	Date of death		1905	Month Nov.	Day 14	Age Years	Months
	Sex		Female		Color or Race		white
	Occupation				Birth- place		M. D.
	Married, Single or Widowed				Where Residing if not at place of death		
	Father's Name		Wm. G. Davis		Father's Birthplace		McD.
PHYSICIAN OR CORONER	Mother's Maiden Name		Margaret Newton		Mother's Birthplace		Ill
	Name of person giving In formation		Wm. G. Davis		How related to deceased		Father
	CAUSES OF DEATH						
	Primary		Still Born				How long
Immediate						How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Hugh Whiteman M.D.	
				Address		Hyattsville Md	
Accident or Suicide?		Neither					

J. E. Rodbird.
Golage Park.

Name
in
Full

Rosine Euell

CERTIFICATE OF DEATH

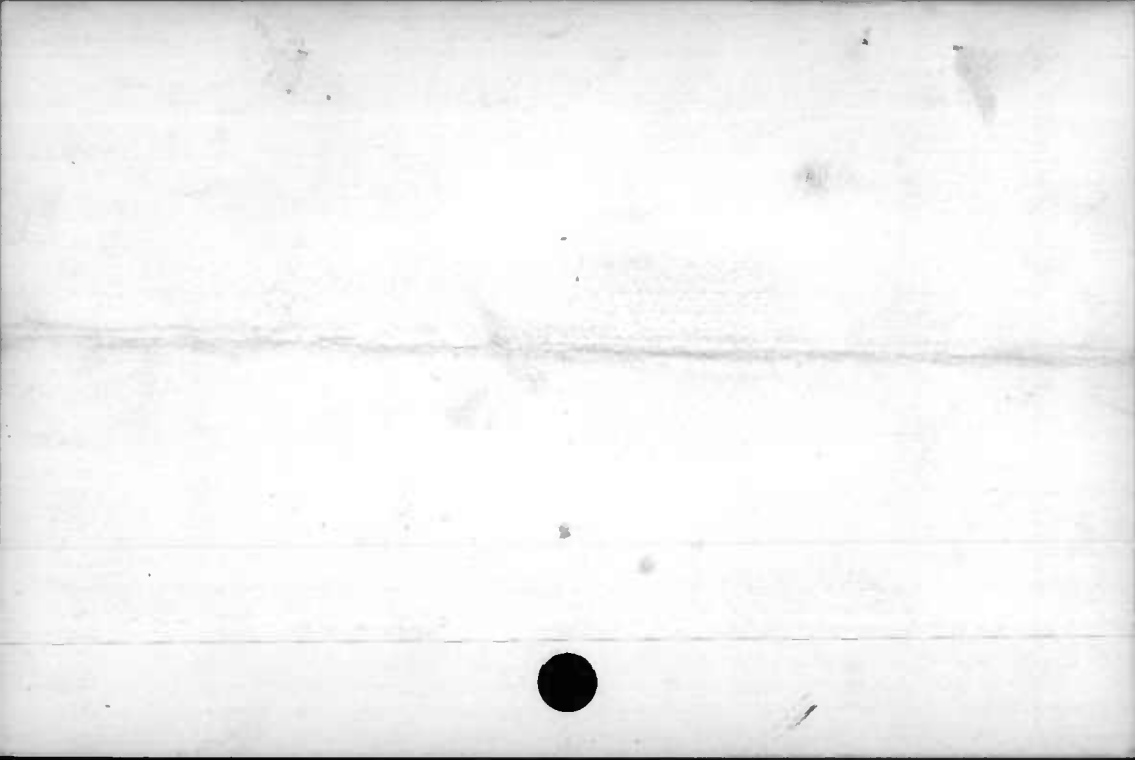
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Riverdale		County Polk		MARYLAND	
Date of death	1905	Month Nov	Day 17	Age	Years	Months 3	Days 3
Sex	Female		Color or Race	Colored		Birth- place	Riverdale Md
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed	Single		Name of Wife or Husband —				
Father's Name	Unknown					Father's Birthplace	
Mother's Maiden Name	Rachel Euell					Mother's Birthplace	Va
Name of person giving In formation	Wesley Euell					How related to deceased	Grandfather

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Syphilis	How long	
Immediate	Marasmus	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. J. H. Hattaway
		Address	Hyattsville Md
Accident or Suicide?	Neither		



Name
in
Full

CERTIFICATE OF DEATH

Mary M Guyenn

Town
CeloronCounty
Orange

MARYLAND

Died at

Date

of death

1900

Month

Nov

Day

1

Age

Years

60

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Charles Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of
Husband

Bernard A Guyenn.

Father's
Name

Middleton

Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

Dr John Cor

How related
to deceased

None

CAUSES OF DEATH

Primary

Heart Disease

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

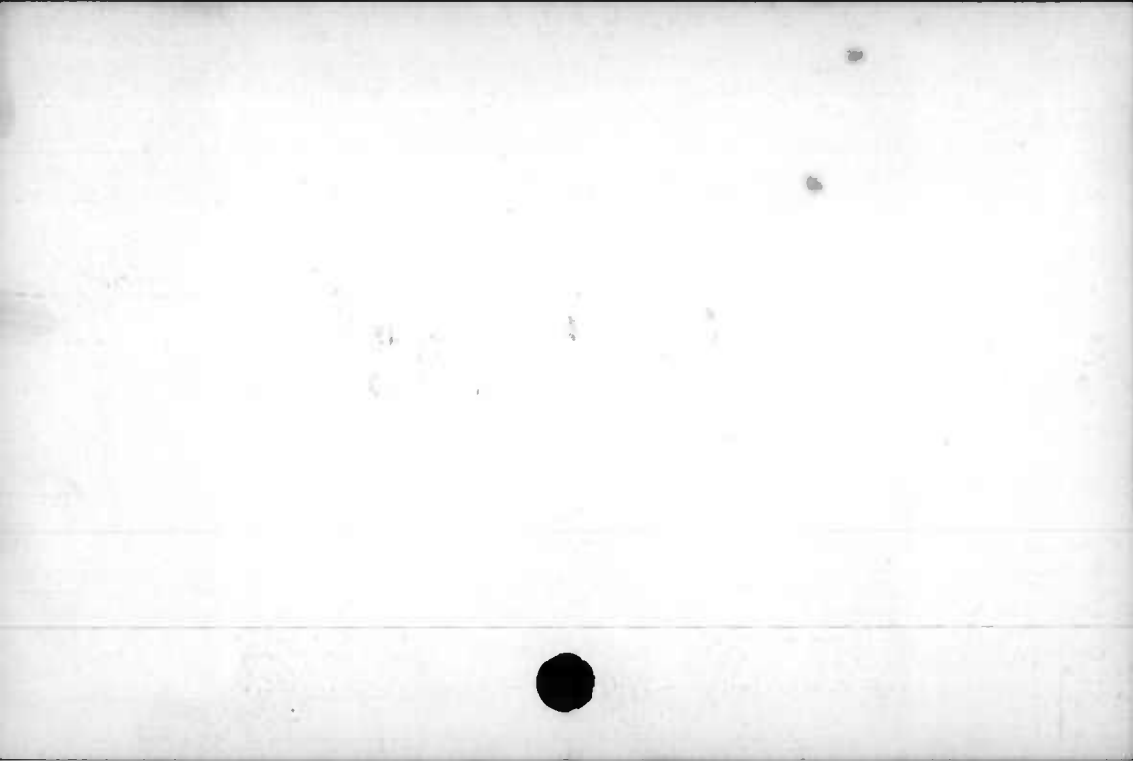
Signature of
Physician

Address

J. L. Waring
Celoron
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary A Harrington

CERTIFICATE OF DEATH

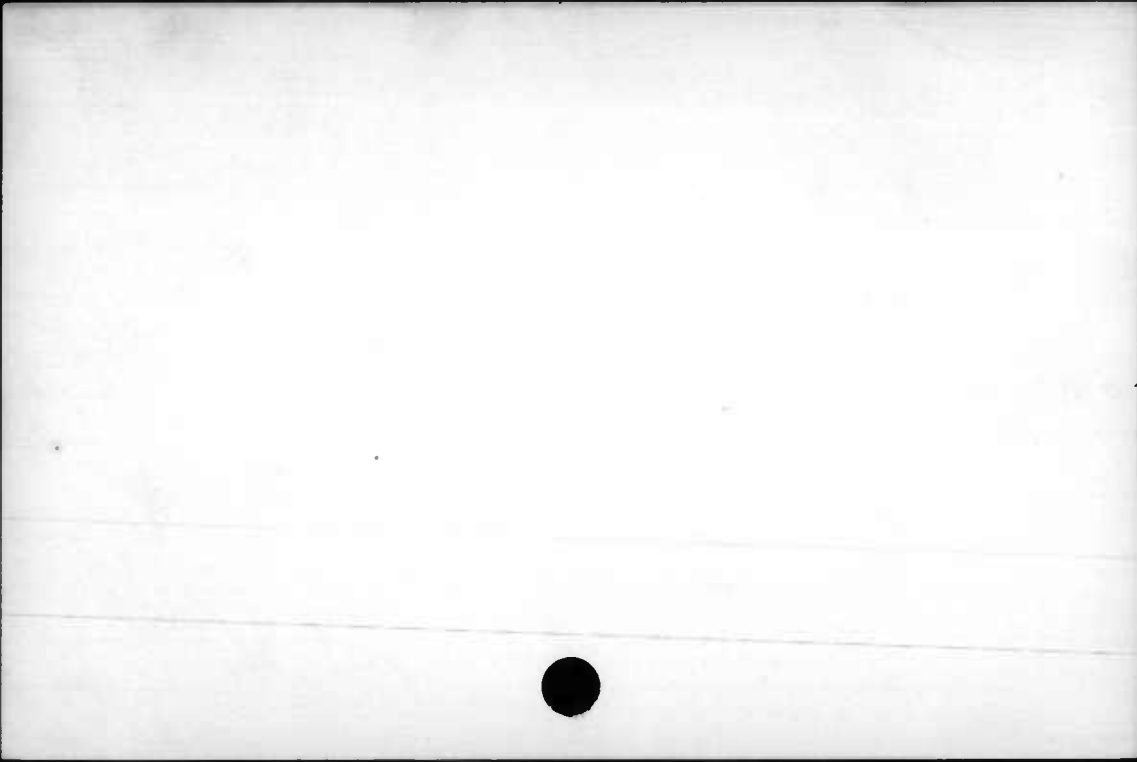
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Laurel		County Pr Gen		MARYLAND	
Date of death		1901	Month Nov.	Day 18	Age 80	Months	Days
Sex	Female		Color or Race	White		Birth-place	Maryland
Occupation	House work			Where Residing if not at place of death		Laurel	
Married, Single or Widowed	Widowed		Name of Wife or Husband	James Harrington			
Father's Name	William Cecil				Father's Birthplace		
Mother's Maiden Name	McKesson				Mother's Birthplace		
Name of person giving information	Annie M. Golson				How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Disease Heart		How long	3 months
Immediate	General Debility		How long	2 weeks.
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	J. R. Hunt
			Address	Laurel Md
Accident or Suicide?				



Name
in
Full

Thomas L. Harper

CERTIFICATE OF DEATH

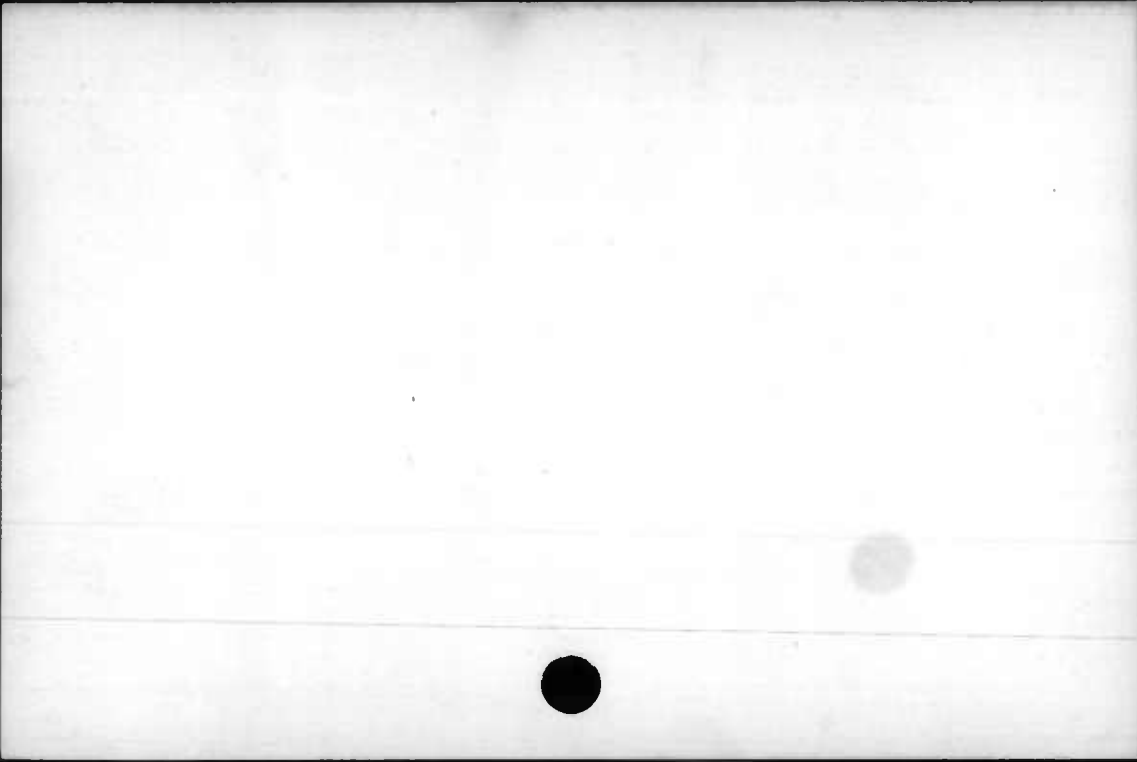
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westphalia</i> Town		<i>P.R.</i> County		MARYLAND	
Date of death	<i>1905</i>	Month <i>Nov</i>	Day <i>13</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Croom Sta</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Henry Harper</i>			Father's Birthplace <i>P.R. G. Md</i>		
Mother's Maiden Name <i>Brooks</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Henry Harper</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Don't know</i>	How long <i>Don't know</i>
Immediate <i>Unexplained</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Gifford</i>
	Address <i>Upper Marlboro. Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1908

11

12

Age 22

Mid

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
NameMother's
Name

Henry Johnson

Ann V. Marshall

Cause of

Primary

Immediate

Death

Phthisis

How long sick

10 mos.

Accident, Suicide, Homicide

Reported by

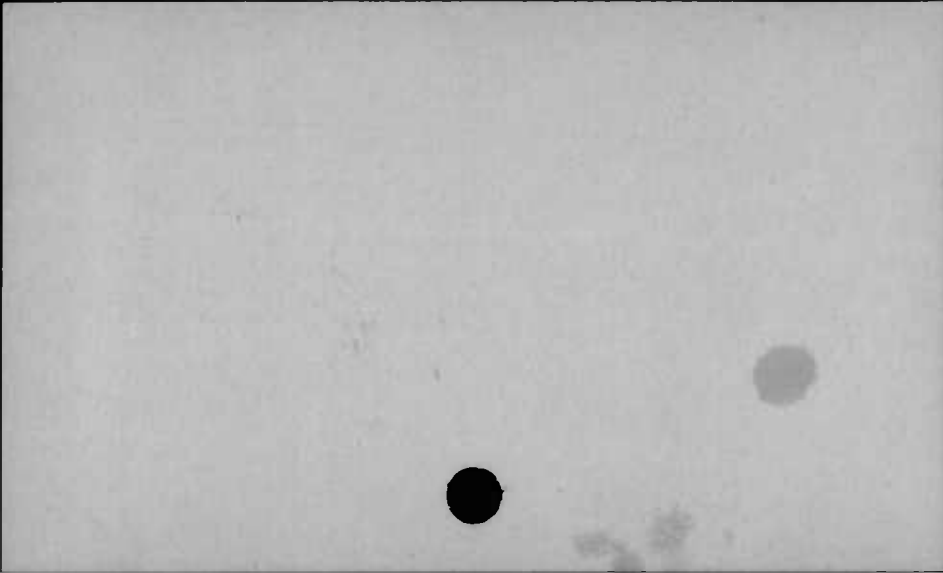
Address

Reverdy Sasser

Upper Marlboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

John Kendall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>St Barnabas</u> ^{Town}		<u>Pr. Geo</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	<u>11</u> ^{Month}	<u>3</u> ^{Day}	Age <u>33</u> ^{Years}	<u>11</u> ^{Months}	<u>0</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Indian Territory</u>		
Occupation <u>Laborer</u>			Where Residing if not at place of death <u>St. Barnabas</u>		
Married, Single <u>on</u> Widowed		Name of Wife or Husband <u>Jane Kendall</u>			
Father's Name <u>—</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>William Tillman</u>			How related to deceased <u>Bro-in-law</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Disease of Aorta</u>	How long	<u>1 year</u>
Immediate	<u>Rupture of base of Aorta</u>	How long	<u>immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>E. P. Simpson M.D.</u>	
		Address <u>Rosecroft. Md.</u>	
<u>Accident or Suicide?</u>			



Name
in
Full

Harriet Lancaster

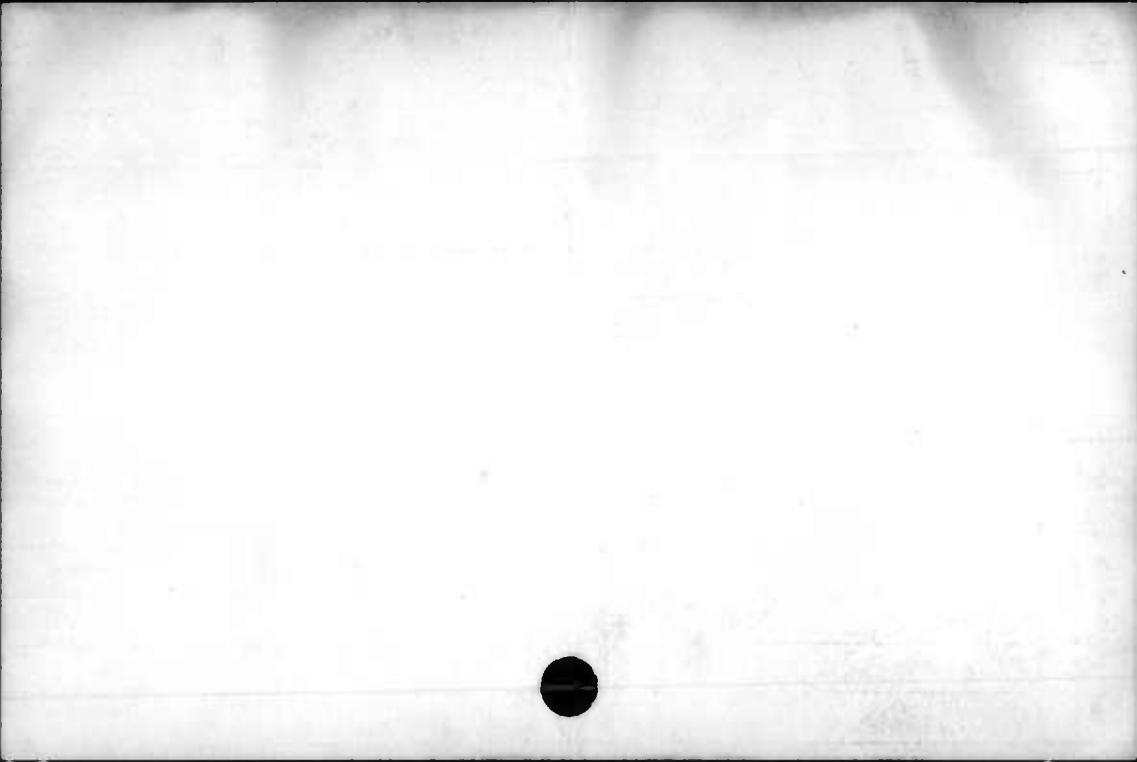
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Forestville</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death <i>1900</i>	<i>Nov</i> <small>Month</small>	<i>23</i> <small>Day</small>	Age <i>74</i> <small>Years</small> <i>67</i>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Ind.</i>			
Occupation <i>Housework</i>	Where Residing if not at place of death <i>—</i>				
<i>Married, Single or Widowed</i> <i>Widow</i>	Name of Wife <i>Charles Lancaster</i> <small>Husband</small>				
Father's Name <i>—</i>	<i>Don't know</i>		Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>	<i>Don't know</i>		Mother's Birthplace <i>—</i>		
Name of person giving Information <i>Selma Cuff</i>	How related to deceased <i>Son-in-law</i>				

CAUSES OF DEATH

Primary <i>General Debility</i>	How long <i>54</i>
Immediate <i>and old age</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>None in attendance</i>
	Address <i>White Sulphur Springs</i>
Accident or Suicide? <i>—</i>	<i>Forestville Md Health Officer</i>



Name
in
Full

Virginia Latimer

CERTIFICATE OF DEATH

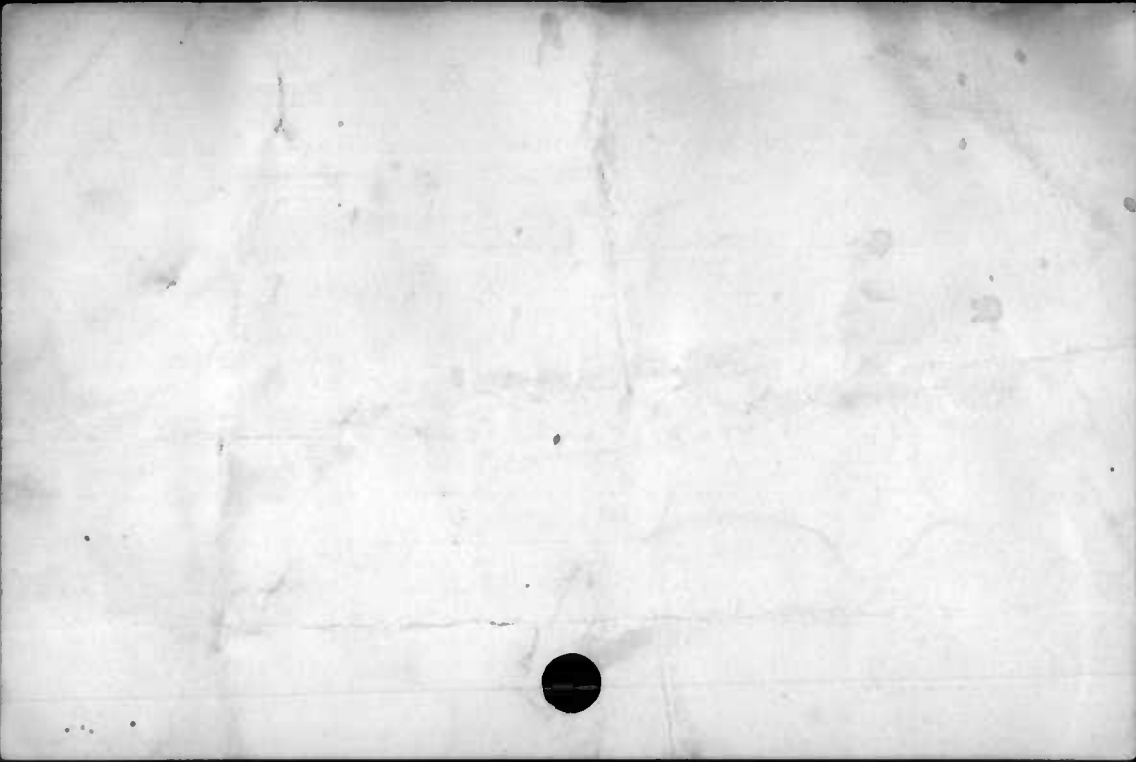
TO BE ANSWERED BY
NEAREST FRIEND

Died at Town <i>Hyattsville MD</i> County <i>Phys's</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Nov</i> Day <i>12</i> Age <i>10</i> Years	Months	Days
Sex <i>Girl</i>	Color or Race <i>White</i>	Birth-place <i>Hyattsville MD</i>	
Occupation <i>School</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>John E. Latimer</i>	Father's Birthplace <i>Phys's Co MD</i>		
Mother's Maiden Name <i>Kate M. Green</i>	Mother's Birthplace <i>ID Va</i>		
Name of person giving information <i>D. S. Park</i>	How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Peritonitis</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. S. Park</i>
	Address <i>Hyattsville</i>
Accident or Suicide?	



Name
in
Full

Jessie Bernard Lizear

CERTIFICATE OF DEATH

Town

Laurie

County

Prince George

MARYLAND

Died at

Date

of death 1905

Month

Nov.

Day

16

Years

19

Age

Months

9

Days

10

Sex

Male

Color or
Race

White

Birth-
place

Montg. Co.

Occupation

Mill worker

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

William Taylor Lizear

Father's
Birthplace

Wash. D.C.

Mother's
Maiden Name

Mary Ann Turner

Mother's
Birthplace

Georgetown

Name of person giving
In formation

Mary Ann Lizear

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Acute Nephritis

How long

3 weeks

Immediate

Hemorrhage

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

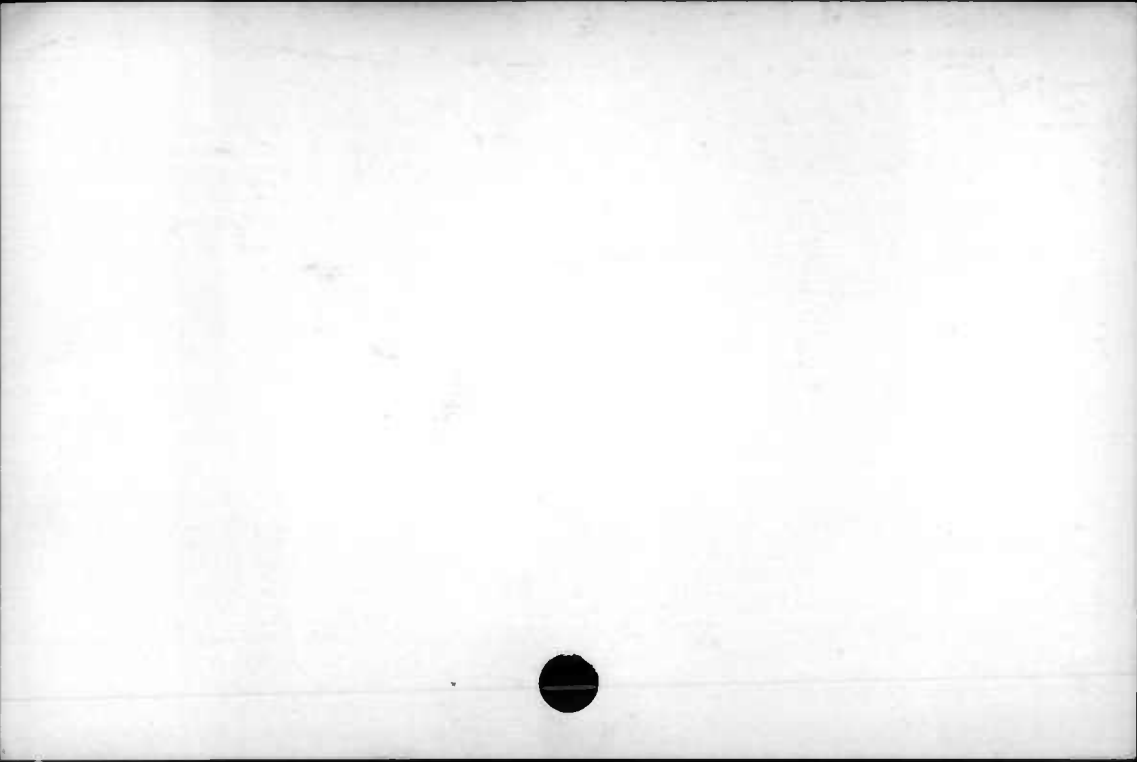
R. C. Hosley

Address

Laurie, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *John B Lewis*

Died at *Clinton* Town *Orange* County

Date of death *1900* Month *Nov* Day *9* Age *71* Years Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Virginia*

Occupation *Laborer* Where Residing if not at place of death *Ma*

Married, Single or Widowed *Married* Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *John Lewis* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

—

Immediate

How long

—

Are the name, age, sex, color, date and place correctly given above?

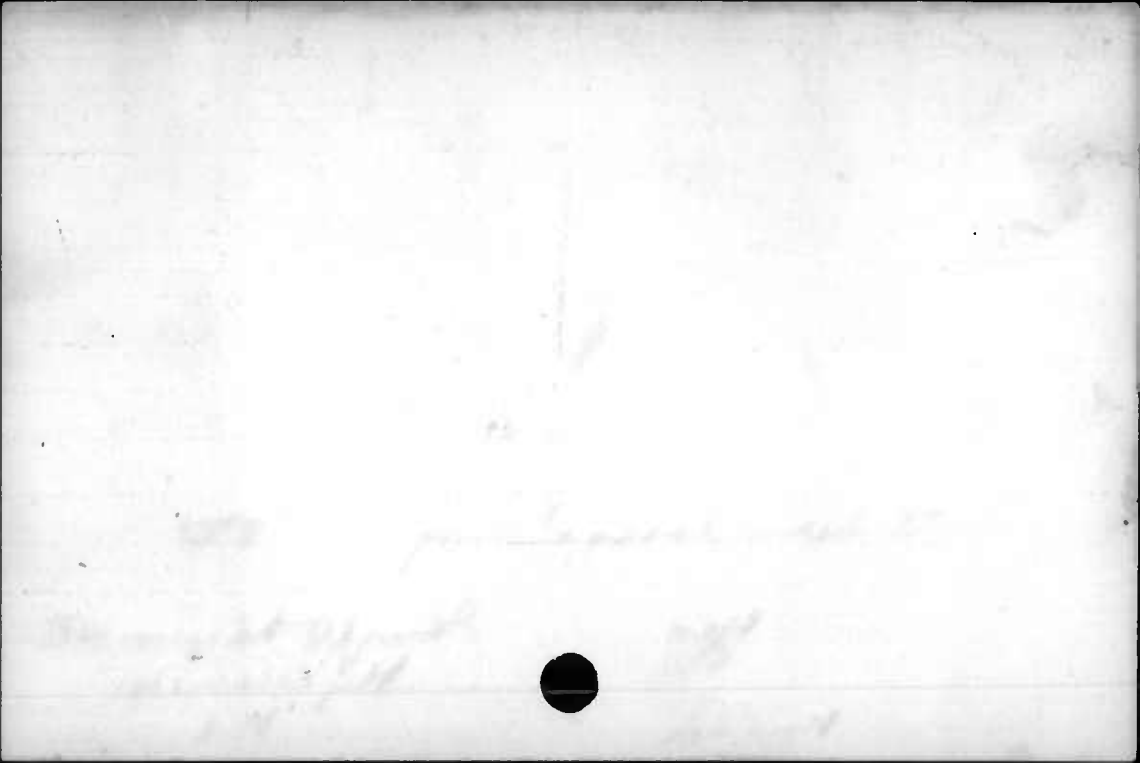
yes

Signature of Physician

Address

Dr John A Coe
J. B.
Md.

Accident or Suicide?



Name
in
Full

Charles Lucas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Bladensburg* ^{County} *Prince Geo.* **MARYLAND**

Date of death *1905* ^{Month} *Nov.* ^{Day} *4* Age ^{Years} *53* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *Black* Birth-place *Va.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Lucas*

Father's Name *John Lucas* Father's Birthplace *Va.*

Mother's Maiden Name *not known* Mother's Birthplace *"*

Name of person giving information *Wm Lucas* How related to deceased *Son*

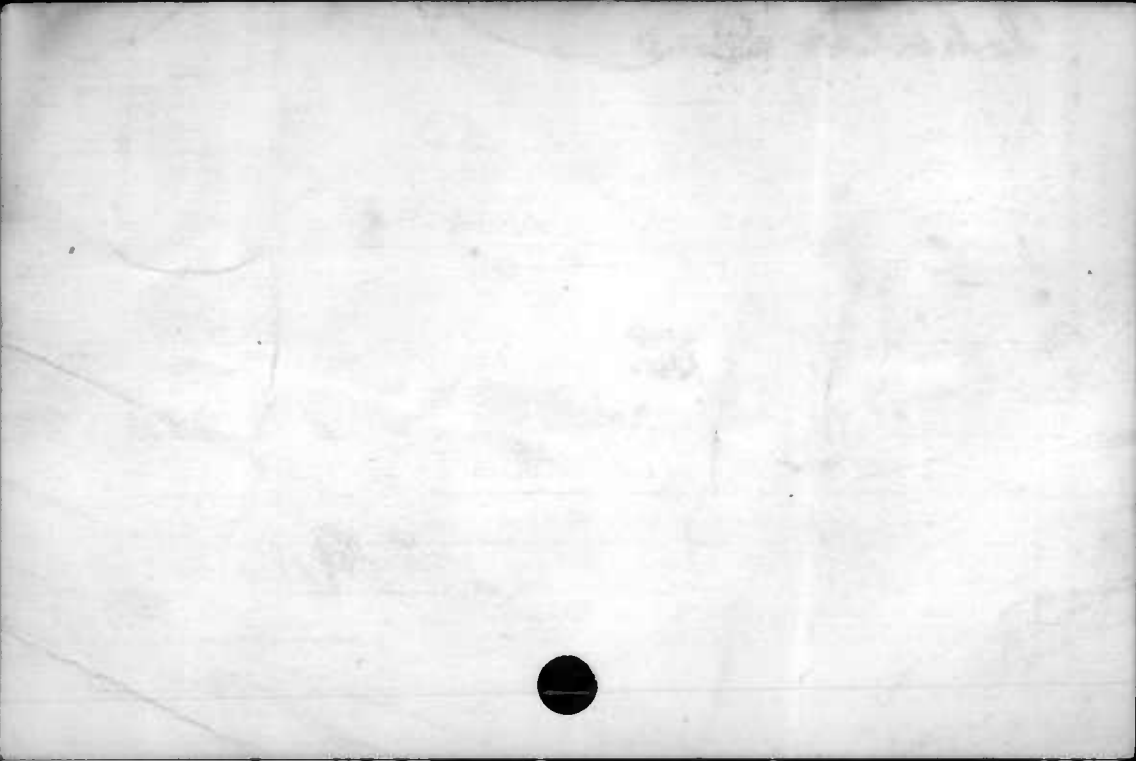
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis of lung* How long *8 mo*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Samuel R. Palmer*Address *Hyattsville Md*Accident or Suicide? *neither*



Name
in
Full

Baldwin McCallough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Laurel Pr Geo Maryland

Date of death 1905 Nov. 11 Age 3 Months 7 Days

Sex Male Color or Race White Birth-place Ind

Occupation Child Where Residing if not at place of death

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Clarence O McCullough

Father's
Birthplace

Wash. D.C.

Mother's
Maiden Name

Gertrude Baldwin

Mother's
Birthplace

M &.

Name of person giving
In formation

Dora E Baldwin

How related
to deceased

Grandmother

CAUSES OF DEATH

Primary

Membranous Croup

How long

4 days.

Immediate

Strangulation

How long

few hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

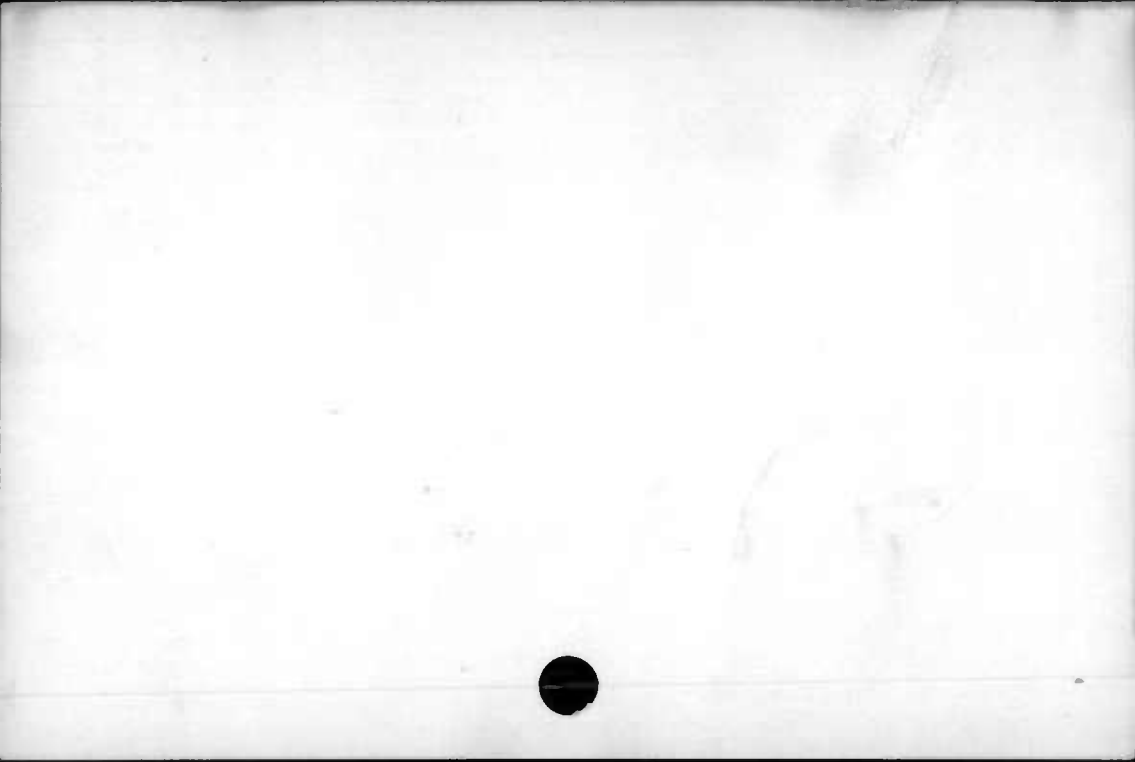
Address

J. R. Smith

Laurel

Ind

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

George Henry MacClane

TO BE ANSWERED BY
NEAREST FRIEND

Died near <u>Aguasco</u> ^{Town}		<u>Prince George</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	<u>Nov</u> ^{Month}	<u>30</u> ^{Day}	Age <u>35</u> ^{Years}	<u></u> ^{Months}	<u></u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Mulatto</u>		Birth-place <u>Maryland</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>at Place of death</u>				
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife or <u>Charity Green</u> <u>Husband</u>				
Father's Name <u>Frederick MacClane</u>	Father's Birthplace <u>Alabama</u>				
Mother's Maiden Name <u>Jane Broome</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Mike Green</u>	How related to deceased <u>Father in law</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Consumption</u>	How long <u>2 yrs. 11 months</u>
Immediate <u>Pulmonary Haemorrhage</u>	How long <u>Died in 20 min.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. A. Tharburg M.D.</u>
	Address <u>Aguasco,</u> <u>Maryland.</u>
<u>Accident or Suicide?</u>	

Recd, too late to send in
December last. J. S. Fowler
200 negroes

Name
in
Full

Nick Madoic, # 2517

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Tuxedo</u> Town		<u>Prince George</u> County		MARYLAND									
Date of death	1905	Month	November	Day	23 rd	Age	27	Years		Months		Days	
Sex	Male		Color or Race	Austrian		Birth-place	Austria						
Occupation	Laborer			Where Residing if not at place of death		<u>Tuxedo, Maryland</u>							
Married , Single	Single		Name of Wife or Husband										
Father's Name						Father's Birthplace							
Mother's Maiden Name						Mother's Birthplace							
Name of person giving Information	Joe Rudisch					How related to deceased	Near friend						

CAUSES OF DEATH

Primary	<u>Paralysis of heart.</u>	How long	<u>1 hour</u>
Immediate	<u>Atherosclerosis</u>	How long	

Are the name, age, sex, color, date and place correctly given above?

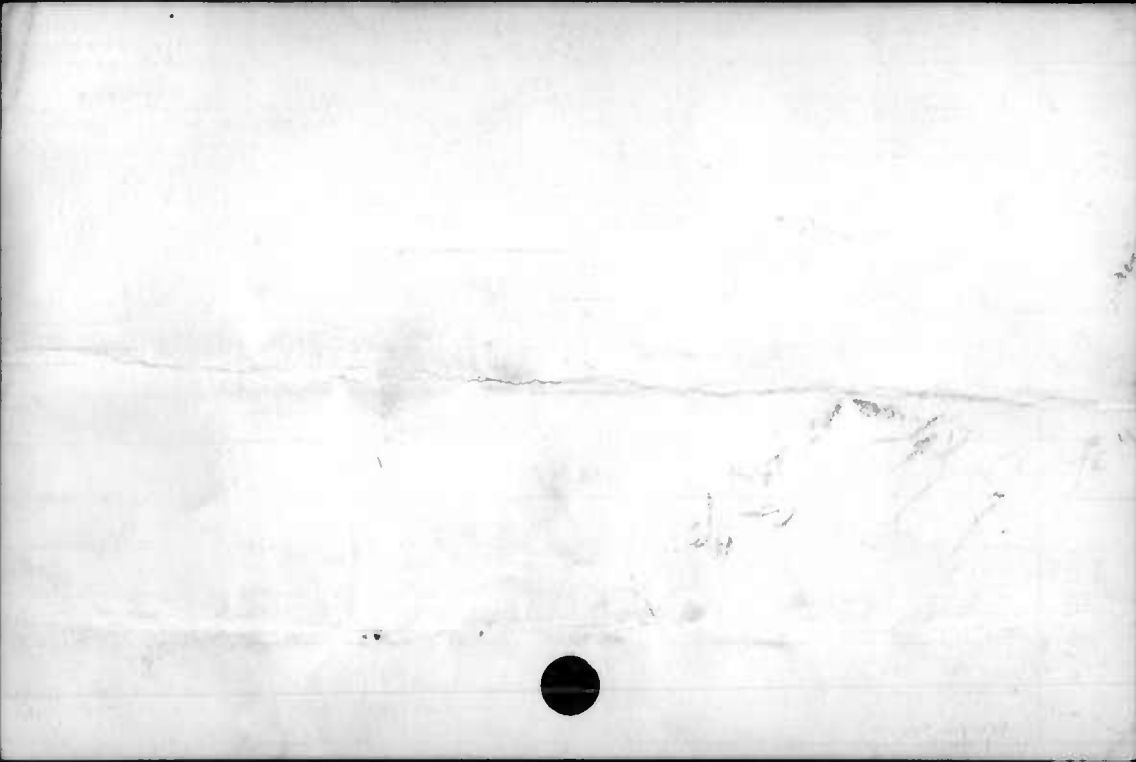
yes

Signature of Physician

Address

L. S. Savage
Birmingham D.C.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

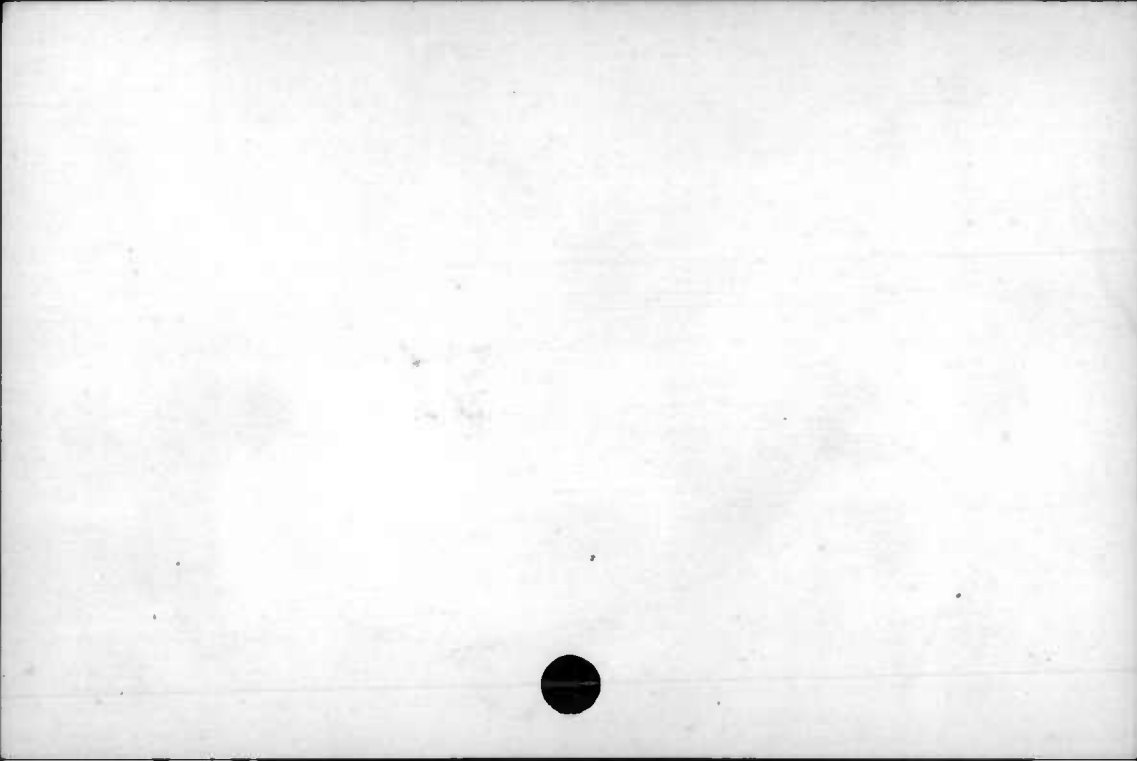
TO BE ANSWERED BY
NEAREST FRIEND

Died at: <i>Clinton</i> Town		<i>Orange</i> County		MARYLAND		
Date of death: <i>1905</i>	Month: <i>Nov</i>	Day: <i>1</i>	Age: <i>50</i>	Years: <i>6</i>	Months: <i>6</i>	Days: <i>1</i>
Sex: <i>Male</i>	Color or Race: <i>White</i>	Birth-place: <i>Georgetown D.C.</i>				
Occupation: <i>None</i>	Where Residing if not at place of death: <i>md.</i>					
Married, Single or Widowed: <i>—</i>	Name of Wife or Husband: <i>—</i>					
Father's Name: <i>—</i>	Father's Birthplace: <i>—</i>					
Mother's Maiden Name: <i>—</i>	Mother's Birthplace: <i>—</i>					
Name of person giving information: <i>Willie Merideth</i>	How related to deceased: <i>Son</i>					

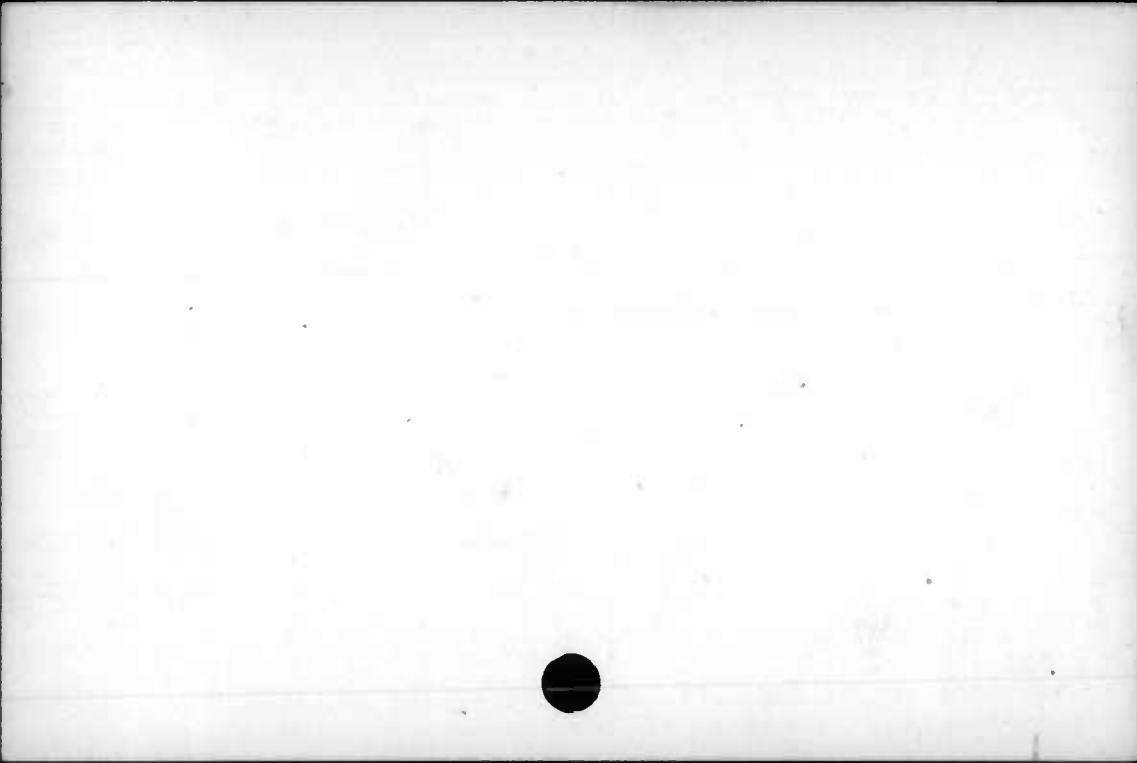
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary: <i>General Debility</i>	How long: <i>—</i>
Immediate: <i>Bladder trouble</i>	How long: <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician: <i>W. J. A. Coe</i>
	Address: <i>J. P. Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full		Isabella Middleton				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Camp Springs		P. George		MARYLAND	
	Date of death	1905	Nov	21	Age	83	Months Days
	Sex	Female		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death		Ogle Md	
	Married, Single or Widowed	Widow		Name of Wife or Husband		Chas S Middleton	
	Father's Name			Father's Birthplace			
	Mother's Maiden Name	Hoxton		Mother's Birthplace			
	Name of person giving information			How related to deceased			
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	General Debility				How long	—
	Immediate					How long	—
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
	Accident or Suicide?				J. L. Waring Chillicothe Md		



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

MARYLAND

Died at Lanvale Town R. Co County

Date of death 1905	Month	Day	Years	Months	Days
	10	10	Age	10	3

Sex	Male	Color or Race	Black	Birth-place	Laurie
-----	------	---------------	-------	-------------	--------

Occupation	None	Where Residing if not at place of death	Lawrence
------------	------	---	----------

Married, Single or Widowed	Name of Wife or Husband
	<i>hmi</i>

Father's Name Buck Mitchell Father's Birthplace md

Mother's Maiden Name	Doris Matthews	Mother's Birthplace	Tamworth
-------------------------	----------------	------------------------	----------

Name of person giving information	Doris Mitchell	How related to deceased	Mother
-----------------------------------	----------------	-------------------------	--------

CAUSES OF DEATH

Primary	Neutropenia	(93)	How long	10 days
			How long	

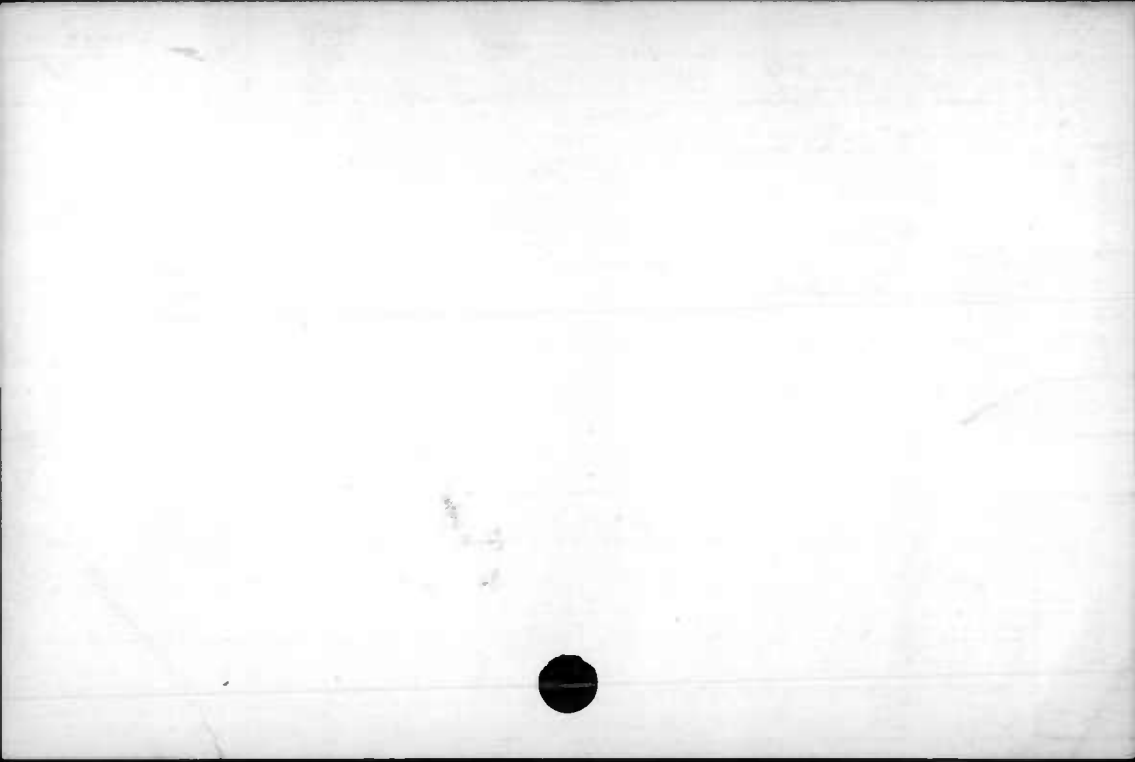
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Virginia Elizabeth Mudd

CERTIFICATE OF DEATH

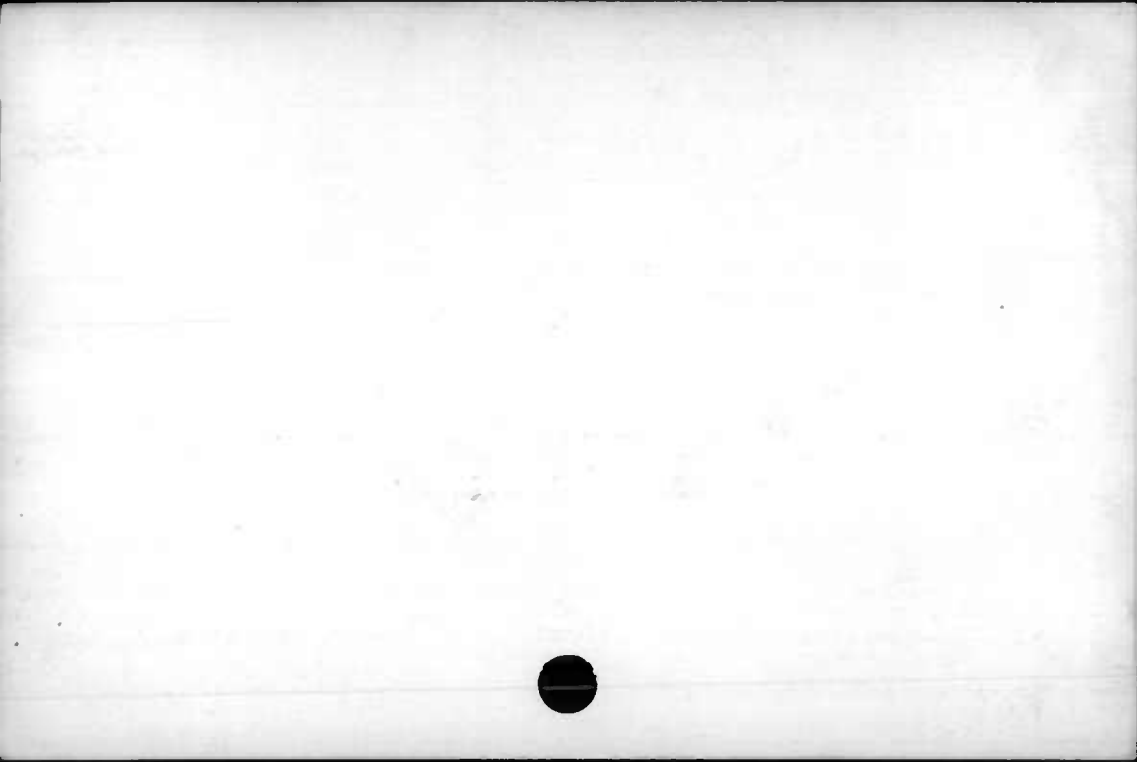
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hyattsville</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death	<i>1905</i> ^{Month} <i>Nov</i> ^{Day} <i>26</i>	Age	<i>60</i> ^{Years}	<i>4</i> ^{Months}	<i>5</i> ^{Days}
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband			
Father's Name	<i>Francis N. Clements</i>			Father's Birthplace	<i>Kentucky</i>
Mother's Maiden Name	<i>Elizabeth Gardiner</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Joseph A. Mudd</i>			How related to deceased	<i>Husband</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cirrhosis of Liver</i>	How long	<i>1 year</i>
Immediate	<i>General debility</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Isaac Bateman M.D.</i>
		Address	<i>Hyattsville</i>
Accident or Suicide?	<i>Neither</i>		<i>md</i>



Name
in
Full

CERTIFICATE OF DEATH

Parker

Town

County

MARYLAND

Died at near Upper Marlboro

Date

of death 1905

Month

11

Day

29

Age

Years

—

Months

—

Days

3

Sex

Female

Color or
Race

White

Birth-
place

P. G. Lew.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Living Parker

Father's
Birthplace

P. G. Lew

Mother's
Maiden Name

Lillie Garner

Mother's
BirthplaceName of person giving
In formation

E. J. Garner

How related
to deceased

Grandfather

CAUSES OF DEATH

Primary

Don't Know

How long

Immediate

How long

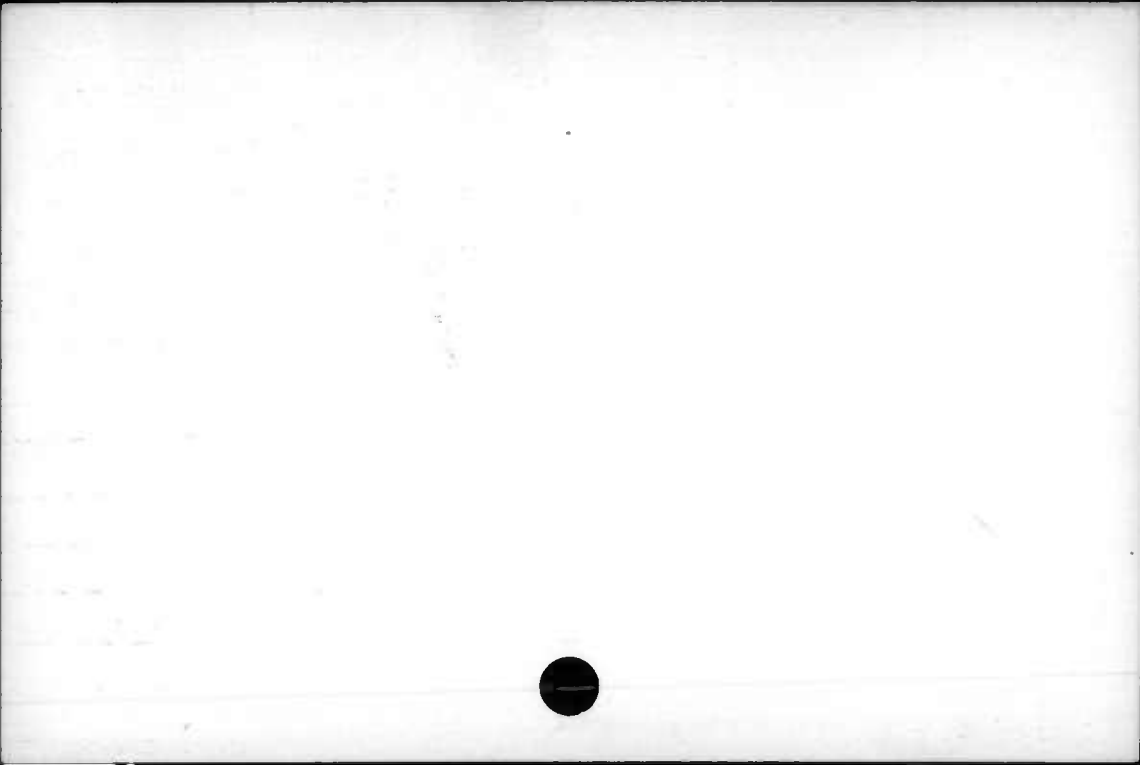
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

E. J. Garner Grandfather
Upper Marlboro
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name
in
Full

CERTIFICATE OF DEATH

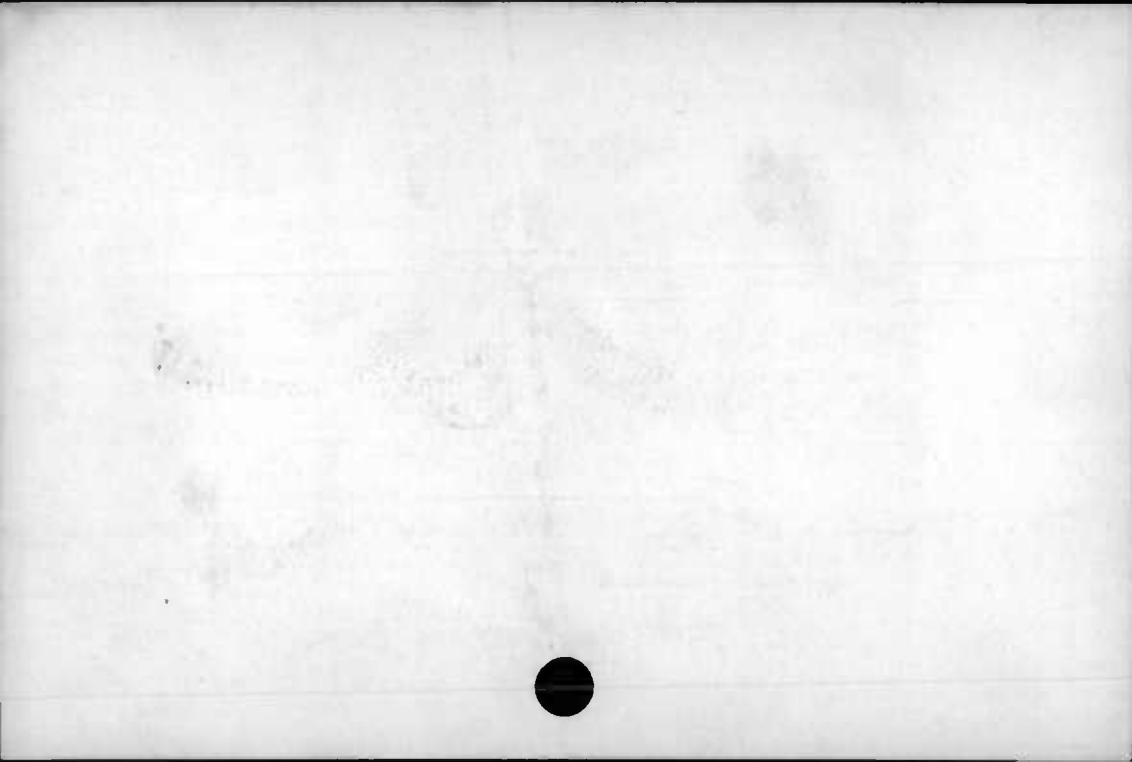
Margaret Payne

MARYLAND

Died at		Town		County			
Date of death		Month	Day	Years	Months	Days	
1905		11	28	85			
Sex	Female	Color or Race	Black		Birth-place	Md	
Occupation	Servant			Where Residing if not at place of death			
Married, Single or Widowed	Widow			Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information	Sefred Travis			How related to deceased		None	

CAUSES OF DEATH

Primary	General Debility		How long	6 mo
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			E. P. Simpson	
			Address	
			Rosedale, Md	
Accident or Suicide?				



Name
in
Full

Agnes Paula

CERTIFICATE OF DEATH

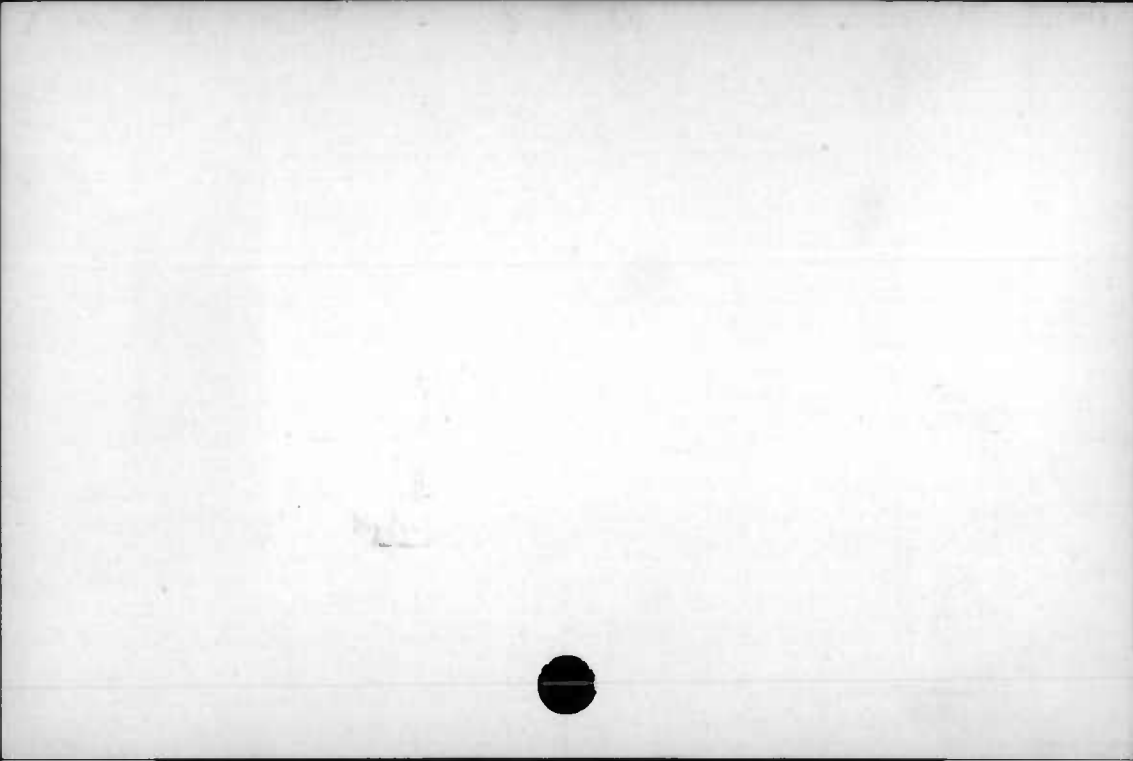
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mitchellville ^{County} Prince George		MARYLAND	
Date of death	1905	Month	Nov
		Day	25
		Age	79
Sex	Female	Color or Race	White
		Birth-place	Bohemia
Occupation	Housewife		
	Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	
Father's Name	John Urbonek	Father's Birthplace	Bohemia
Mother's Maiden Name	Mary Yira	Mother's Birthplace	Bohemia
Name of person giving information	Frank Paula	How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Impaction of bowels		How long	10 days.
Immediate	Toxemia		How long	5 days.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Dr. A. R. Walker
			Address	Halls, Md.
Accident or Suicide?		—		



Name
in
Full

CERTIFICATE OF DEATH

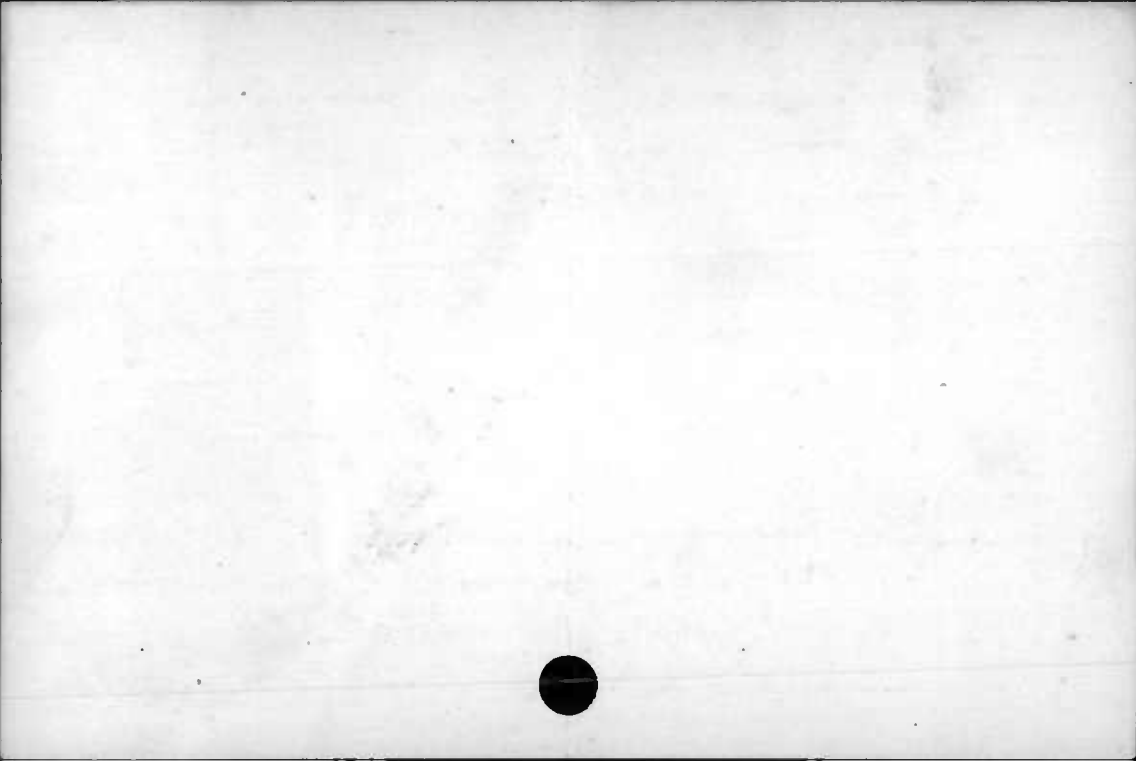
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		County <i>P. es. Co.</i>		MARYLAND	
Date of death	190 <i>8</i>	Month <i>Nov.</i>	Day <i>13th</i>	Age <i>70</i>	Years <i>70</i>
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Md.</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed <i>_____</i>			Name of Wife or Husband <i>_____</i>		
Father's Name <i>_____</i>			Father's Birthplace <i>_____</i>		
Mother's Maiden Name <i>_____</i>			Mother's Birthplace <i>_____</i>		
Name of person giving information <i>Lemuel V. Allen</i>			How related to deceased <i>none</i>		

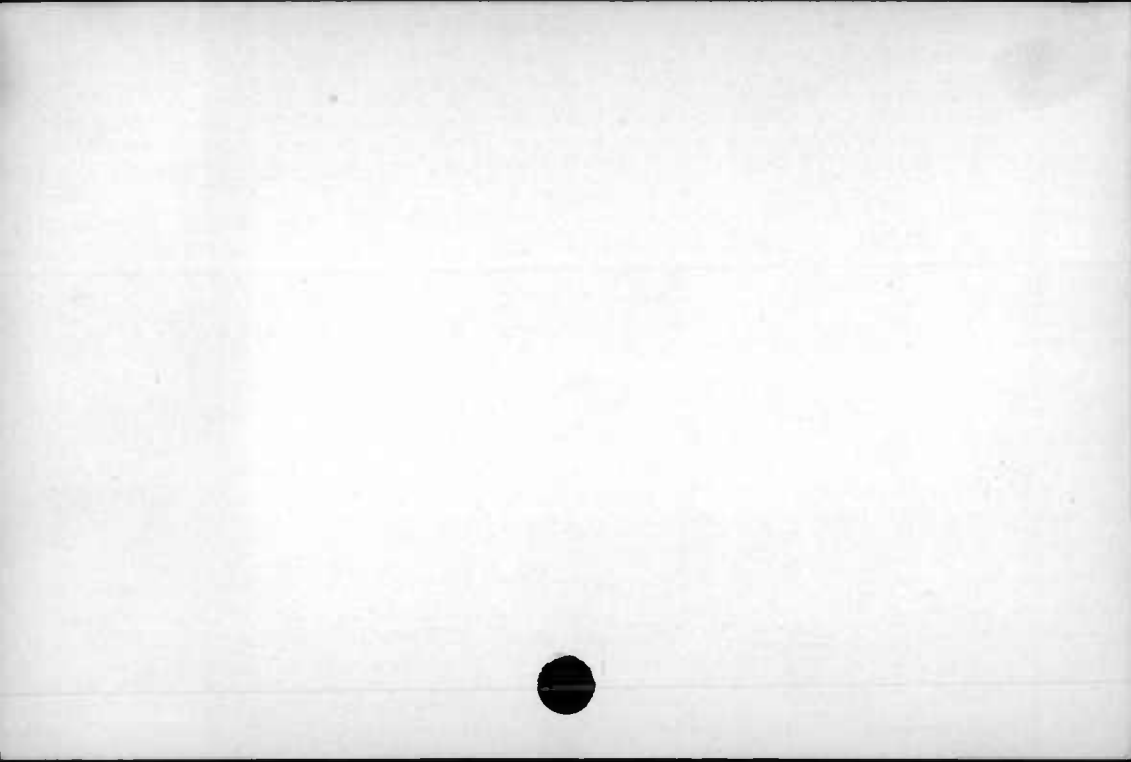
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Kidney trouble</i>	How long <i>10 da.</i>
Immediate	How long <i>10 da.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John C. Sanbury</i>
	Address <i>Frederick Md.</i>
Accident or Suicide?	



Name in Full		2 da, Elizabeth Shepherd						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Woodmore		County Prince George		MARYLAND			
	Date of death		1905	Month Nov.	Day 24	Years 6	Months 6	Days		
	Sex		Female		Color or Race		Colored		Birth- place	Maryland
	Occupation				Where Residing if not at place of death					
	Married, Single or Widowed				Name of Wife or Husband					
	Father's Name				Thomas Shepherd Jr.		Father's Birthplace		Maryland	
	Mother's Maiden Name				Mary Robinson		Mother's Birthplace		Maryland	
Name of person giving Information				Thos. Shepherd		How related to deceased		Father		
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		Pulmonary tuberculosis				How long		1 year.	
	Immediate		Myocarditis				How long		2 mo.	
	Are the name, age, sex, color, date and place correctly given above?				Yes		Signature of Physician		Dr. A. R. Walker	
							Address		Stalls, Md.	
	Accident or Suicide?									



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Oxen Hill*

Town

Pr Geo

County

Date
of death *1905*Month
*11*Day
4

Age

Years
—Months
—Days
—Sex *male*Color or
Race*white*Birth-
place*Md.*Occupation
—Where Residing if not
at place of death
—Married, Single
or Widowed
—Name of Wife or
Husband
—Father's
Name*Harvey Talbert*Father's
Birthplace*Md.*Mother's
Maiden Name*Addie Samsbury*Mother's
Birthplace*..*Name of person giving
In formation
*..*How related
to deceased*Mother*

CAUSES OF DEATH

Primary

*Suffocation in delivery*How long
—

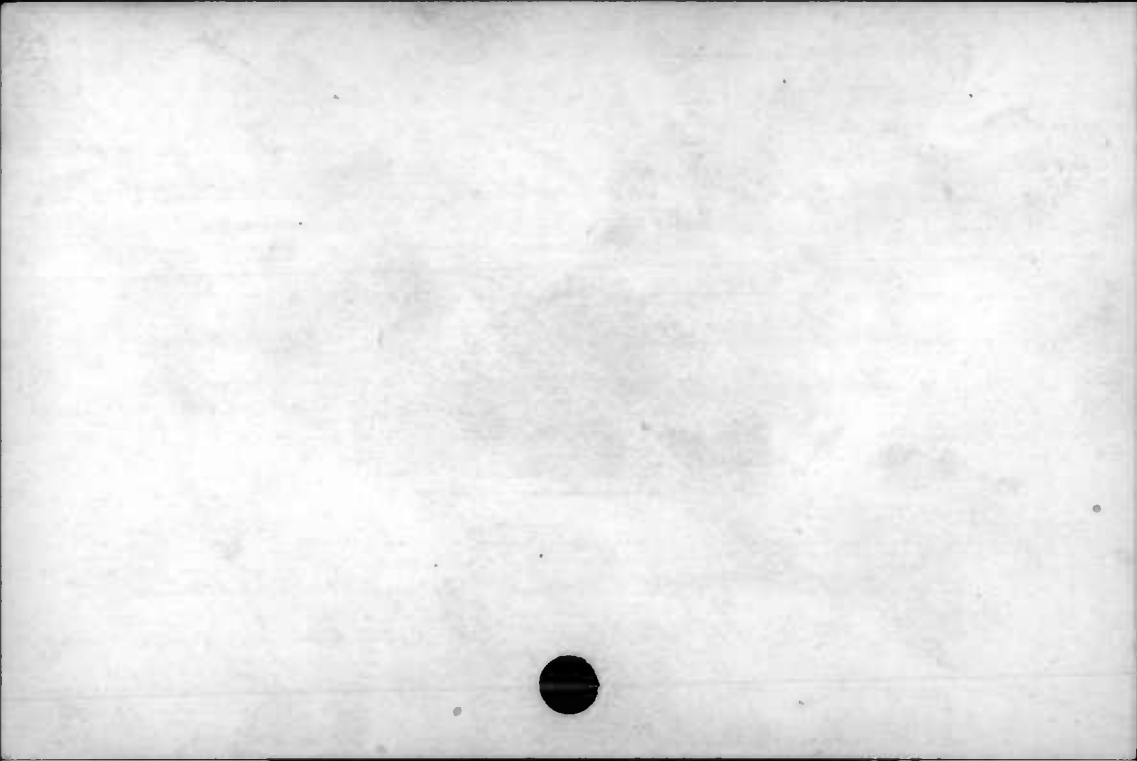
Immediate

How long
—Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

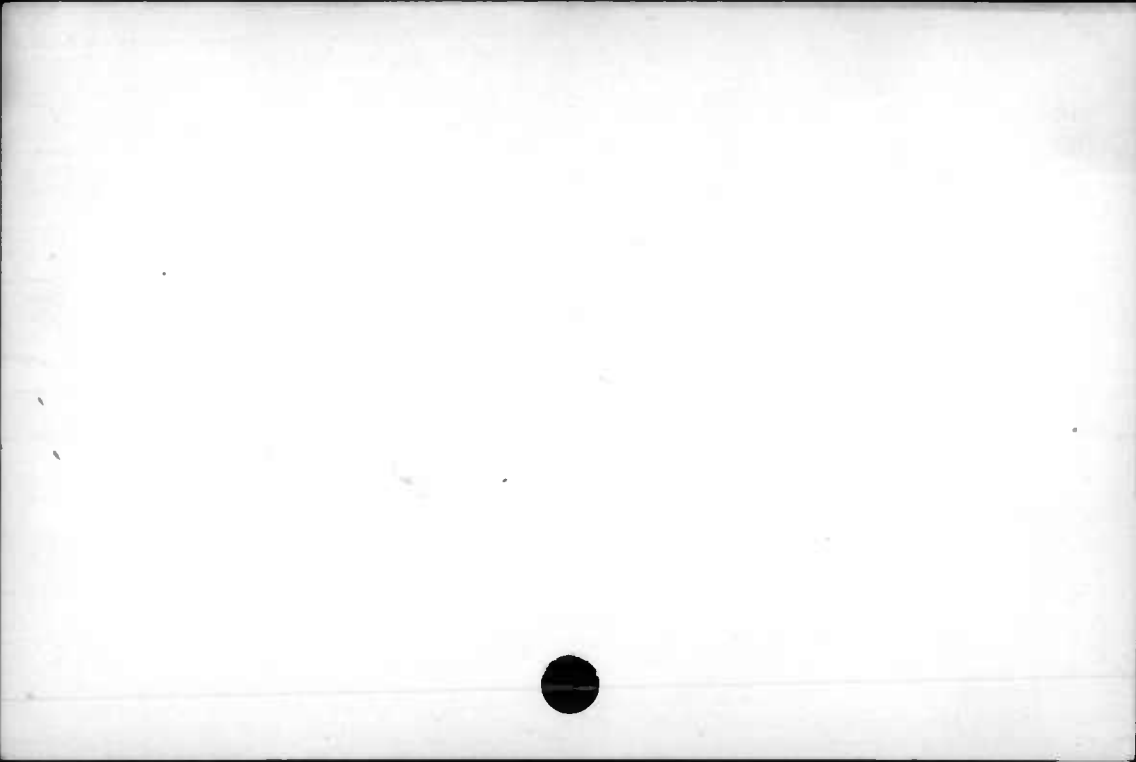
Address

*E. P. Simpson
Riverscroft, Md.*

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Accokeek</u> <small>Town</small>		<u>Pr. Mrs</u> <small>County</small>		STATE OF <u>MARYLAND</u>
	Date of death <u>1906</u>	<u>11</u> <small>Month</small>	<u>18</u> <small>Day</small>	<u>-</u> <small>Years</small>	<u>3</u> <small>Months</small>
	Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Accokeek-Md.</u>	
	Occupation <u>-</u>	Where Residing if not at place of death <u>-</u>			
	Married, Single or Widowed <u>-</u>	Name of Wife or Husband <u>-</u>			
FATHER'S NAME	Father's Name <u>Andrew Taylor</u>		Father's Birthplace <u>Chas. Co.-Md.</u>		
	Mother's Maiden Name <u>Sadie Lewis</u>		Mother's Birthplace <u>Pr. Geo. Co. Md.</u>		
	Name of person giving information <u>Mrs. Lewis</u>		How related to deceased <u>Step-father</u>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		<u>93</u>		How long
	Immediate <u>Pneumonia</u>				How long <u>3 days</u>
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>E. L. Hunt M.D.</u>		
			Address <u>Piscataway Md.</u>		
<u>Accident or Suicide?</u>					



Name in Full Wm A. Wade		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Town <i>Sourishend</i> County <i>P.G.</i>		MARYLAND
	Date of death 1905 Month <i>Nov</i> Day <i>12</i> Years <i>about 27</i>	Months	Days
	Sex <i>male</i> Color or Race <i>white</i>	Birth-place <i>md</i>	
	Occupation <i>Bartender</i>	Where Residing if not at place of death	
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband	
	Father's Name <i>Leaphannah Wade</i>	Father's Birthplace <i>md</i>	
	Mother's Maiden Name <i>Fanny Mudd</i>	Mother's Birthplace <i>md</i>	
Name of person giving information <i>Albert Wade</i>	How related to deceased <i>Brother</i>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Pulmonary Consumption</i>	How long <i>2 yrs</i>	
	Immediate <i>Asthma</i>	How long	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John A. Cor</i>	
		Address <i>213. md</i>	
	Accident or Suicide?		

October 2003

Mr. Henry 12 1/2 Ave.

40

Name
in
Full

Clarence George Walker

CERTIFICATE OF DEATH

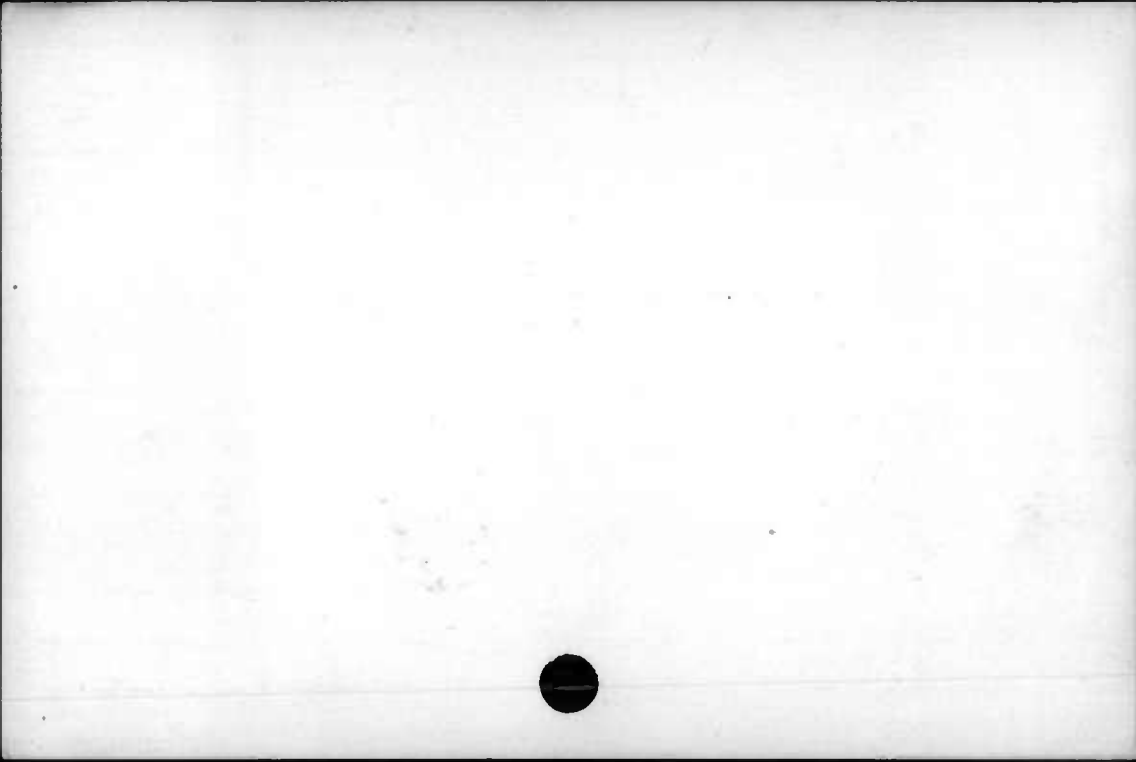
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hyattsville</u> ^{Town}		<u>Prince George</u> ^{County}		MARYLAND	
Date of death	1905	Month	Nov.	Day	22
Age		Years		Months	
Sex		Male	Color or Race	White	Birth-place
Occupation				Where Residing if not at place of death	
Married, Single or Widowed				Name of Wife or Husband	
Father's Name		Clarence H. Walker		Father's Birthplace	
Mother's Maiden Name		Rose Evans		Mother's Birthplace	
Name of person giving information		Clarence H. Walker.		How related to deceased	
				Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

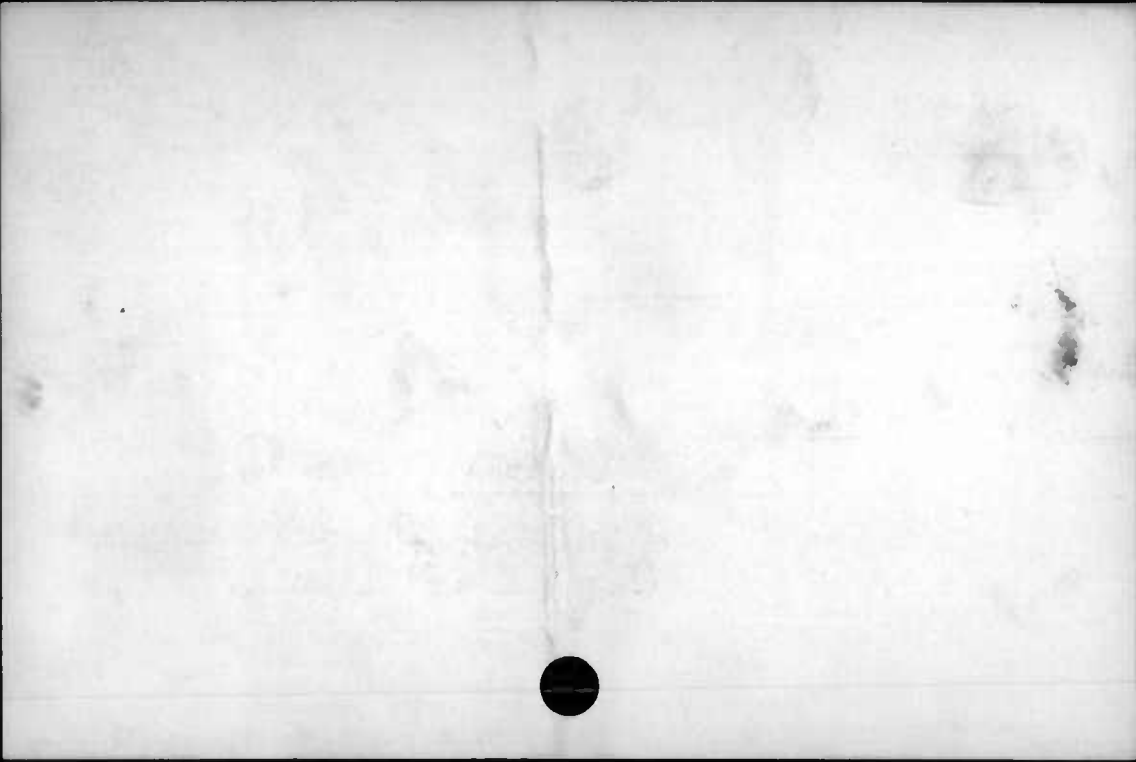
Primary	Bad cold	(93)	How long	1 week
Immediate	Pneumonia		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			Hyattsville	
Accident or Suicide?				



Name in Full		CERTIFICATE OF DEATH			
Mary Waters		P. Is			
Died at <u>Spoutland</u> <small>Town</small>		County			
Date of death <u>1905</u> <small>Month</small> <u>Nov.</u> <small>Day</small> <u>25</u>		Age <u>3</u> <small>Years</small> <u>4</u> <small>Months</small> <u>2</u> <small>Days</small>		MARYLAND	
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Ind.</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Wm Waters</u>		Father's Birthplace <u>Ind.</u>			
Mother's Maiden Name <u>Sarah Butler</u>		Mother's Birthplace <u>Ind.</u>			
Name of person giving information <u>Wm Waters</u>		How related to deceased <u>Father</u>			
CAUSES OF DEATH					
Primary <u>Marasmus</u>		How long <u>Since birth</u>			
Immediate <u>—</u>		How long <u>—</u>			
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>None in attendance</u>			
		Address <u>John E. Saubury, M.D.</u>			
Accident or Suicide? <u>—</u>		Health Officer <u>Christie</u>			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Charles White

CERTIFICATE OF DEATH

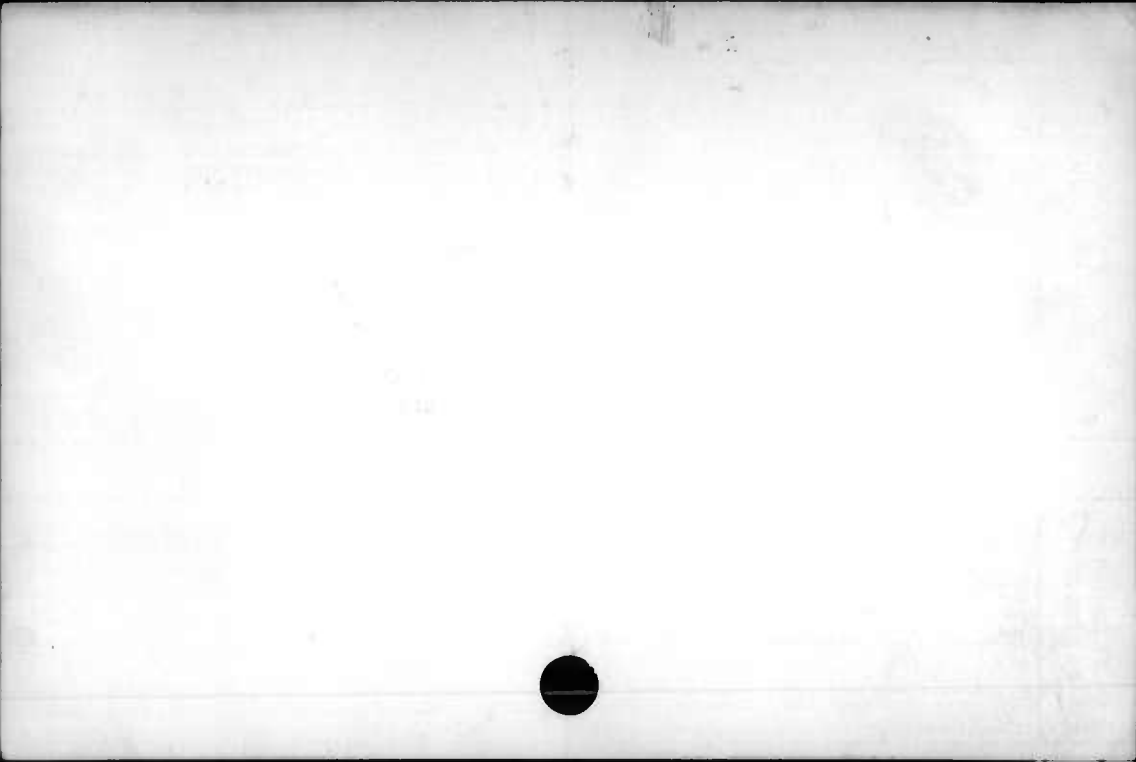
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Landover</u> Town		<u>P. George</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>Nov</u>	Day <u>1</u>	Years <u>80</u>	Months <u>11</u>	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind.</u>		
Occupation <u>Retired</u>	Where Residing if not at place of death <u>Landover</u>				
Married, Single Widowed	Name of Wife or Husband <u>Jane M. White</u>				
Father's Name <u>Joseph White</u>	Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Margaret Robinson</u>	Mother's Birthplace <u>Ind.</u>				
Name of person giving Information <u>Charles White Jr.</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>9 days</u>
Immediate <u>Athermia</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>L. S. Swagi</u>
	Address <u>Berming D. C.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

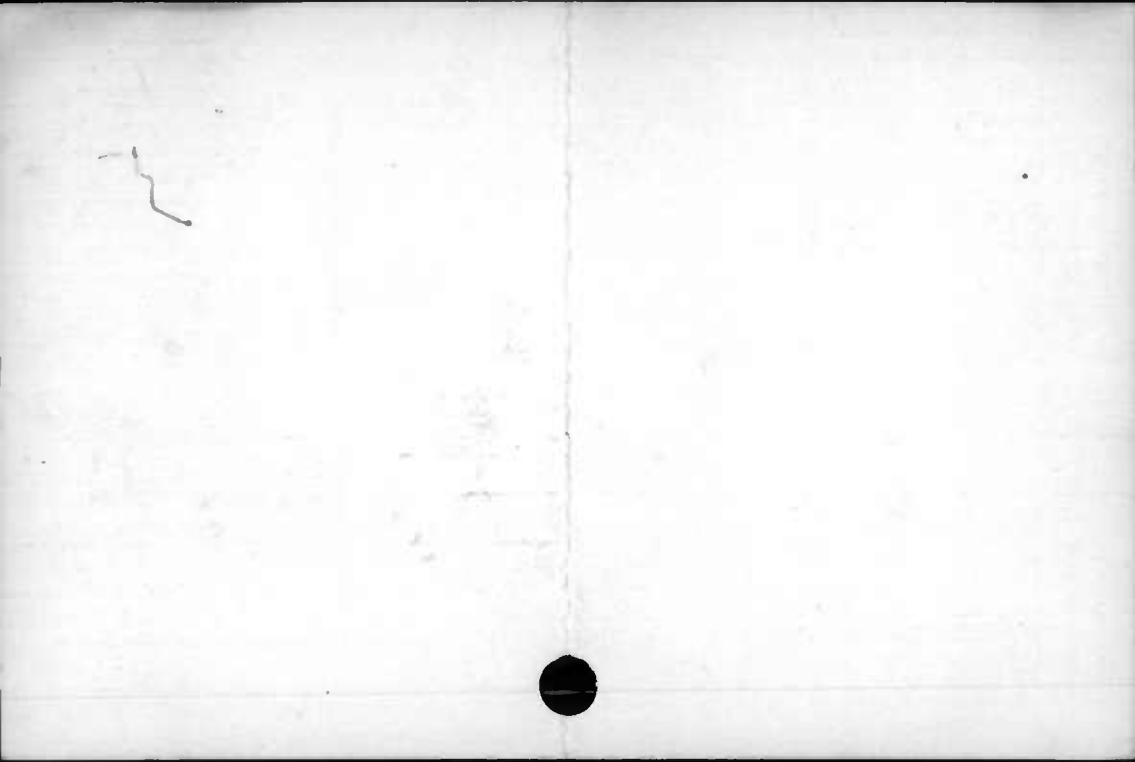
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Sarah A. Williams				County		Pr Geo		TOWN		Died at		Westwood		MAYLAND			
Date of death		1905		Month		Nov		Day		12		Age		63		Months		Days	
Sex		Female		Color or Race		white		Birth-place		Ind		Occupation		Housewife		Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband		John H. Williams		Father's Name		Joseph Cross		Father's Birthplace		Ind		Mother's Maiden Name		Mary Watson	
Name of person giving information		John H. Williams		How related to deceased		Husband		Mother's Birthplace		Ind									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Suppose Heart Disease		How long		Few hours	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. H. Gibbons	
				Address		Croom Ind	
Accident or Suicide?							



Name
in
Full

Francis Windway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Sea Pleasant</u> Town		<u>P. George</u> County			
Date of death <u>1903</u>	Month <u>Nov.</u>	Day <u>6</u>	Age <u>10</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind.</u>			
Occupation <u>School girl</u>		Where Residing if not at place of death <u>At Home</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Frank Windway</u>	Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Rosa Tucker</u>	Mother's Birthplace <u>Ind.</u>				
Name of person giving Information <u>Frank Windway</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>6 days</u>
Immediate <u>Exhaustion</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>L. S. Savage</u>
	Address <u>Birmingham D.C.</u>
Accident or Suicide?	

